

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

October 30, 2013

Mr. Thomas Dee, Administrator Southwestern Vermont Medical Center 100 Hospital Drive Bennington, VT 05201

Provider ID #: 470012

Dear Mr. Dee:

The Division of Licensing and Protection completed a survey at your facility on October 8, 2013. The purpose of the survey was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on October 28, 2013. On October 28, 2013 you submitted amendments and those were accepted on October 30, 2013.

Sincerely,

Frances L. Keeler, RN, MSN, DBA

Francish Korn

Assistant Division Director

State Survey Agency Director

FK:il

Enclosure

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Division of

PRINTED: 10/15/2013 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470012	1 ` '	PLE CONSTRUCTION 0CT 3 1 13 G	COMPLETED C		
NAME OF I	PROVIDER OR SUPPLIER	770012	<u> </u>	TREET ADDRESS, CITY, STATE, ZIP CODE	10/	08/2013	
ļ		MEDICAL CENTER	10	00 HOSPITAL DRIVE ENNINGTON, VT 05201			
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A 000	was conducted on Division of Licensin following regulatory Based on informatic interviews and record Jeopardy situation result of actual harr treatment in the Emiliar addition, the hosi in compliance with Patient Rights, Qualimprovement, Nursi Services. 482.13 PATIENT R A hospital must propatient's rights. This CONDITION is Based on observative reviews conducted Condition of Participmet as evidenced by protect and promote assure that safe carinformation obtained	onsite complaint investigation 10/7/13 - 10/8/13 by the g and Protection .The violations were identified: on obtained through staff ord reviews, an Immediate was determined to exist as the into a patient who sought dergency Department. Dital was determined not to be Conditions of Participation for: lity Assurance/Performance ing Services and Emergency IGHTS tect and promote each Into met as evidenced by: ion, interview and record on days of survey, the Dation: Patient Rights was not by the hospital's failure to the rights of each patient to the was provided. Based on the following findings reflect	A 115	medical leave and will not be permi return to duty until the competency been completed. The understandir competency of this education will be assessed by obtaining a passing so written or online test. All new staffy provided the same material as a coof their orientation program. b. Emergency Department and Acc	ded in gs A131, mergency Access are aline fety, apact on 25, 2013, the as ag and emponent dess	10/24/13 10/29/13 Ongoing Ongoing	
	an Immediate Jeopa to exist as the result	ardy situation was determined of actual harm to a patient nt in the Emergency		Services department leadership will regular, one-on-one meetings ("rour staff") with all employees to assess competency with patient rights and culture of safety. Any lack of under or noncompliance identified in these	nding on their the standing		
A 131		1, 0144, 0145, 0147 NT RIGHTS: INFORMED	A 131	meetings will be immediately and di addressed with the staff member the the Hospital's Corrective Action poli 3000 Canowold F. Kent	rough cy.	SN 10/36	//3
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	<u> </u>	(X6) DATE	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		470040		A. BUILDING		С	
		470012	B. WING		10/0	8/2013	
NAME OF P	ROVIDER OR SUPPLIER		4	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE			
SOUTHV	VESTERN VERMONT	MEDICAL CENTER		ENNINGTON, VT 05201			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
A 000	INITIAL COMMEN	TS	A 000	Tag A 000 The Hospital is committed to provid and quality care, treatment and ser			
was conducted on 10/7/13 Division of Licensing and I		ng and Protection .The violations were identified:		all patients. In order to maintain thi commitment to our patients, the Ho has policies, protocols, guidelines a committees in place that help guide and strengthen our patient care act	s spital and , monitor ivities		
i	Based on information obtained through staff interviews and record reviews, an Immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department.			and compliance obligations with the ensuring that the Conditions of Parl are met throughout the hospital. The Hospital appreciates the oppor	ticipation		
A 115	In addition, the hos in compliance with Patient Rights, Qua	pital was determined not to be Conditions of Participation for: ality Assurance/Performance ing Services and Emergency	A 115	respond to the findings of the Divisi Licensing and Protection survey that on October 8, 2013, and to submit the following information and corrective plans to demonstrate the Hospital's compliance with the Medicare Conceparticipation.	at ended the action		
	patient's rights. This CONDITION is	s not met as evidenced by: tion, interview and record		Correction Action Planning Process To formally manage improvement opportunities identified from the Div Licensing and Protection survey, th Hospital immediately launched a comprehensive response, including	rision of e		
	reviews conducted Condition of Partici met as evidenced by protect and promote assure that safe ca information obtaine an Immediate Jeop to exist as the resul who sought treatments.	on days of survey, the pation: Patient Rights was not by the hospital's failure to e the rights of each patient to re was provided. Based on d the following findings reflect ardy situation was determined it of actual harm to a patient ent in the Emergency		following: • An executive team was formed to the response to the items identified Exit Conference. This team include members of Executive Managemen Administrative Directors, Directors, Physician leaders and subject matter experts. • A champion was identified for each	o oversee at the es ut,	10/11/13	
A 131	482.13(b)(2) PATIE	31, 0144, 0145, 0147 INT RIGHTS: INFORMED	A 131	Conditions of Participation and Star identified at the Exit Conference, ar subsequently modified upon receipt Statement of Deficiencies. These champions and their underlying teamembers have high level of physiciant.	ndards nd t of the m an,	(X6) DATE	
(Clar	\Rightarrow		Presolut & CEO		10/25/13	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POC accepted F. M. In losh | Fleuteness Office 1981 | Fleut

10/28/13

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		470012		B. WING		C 10/08/2013	
	PROVIDER OR SUPPLIER	Γ MEDICAL CENTER	ST 10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201	10/0	7072013	
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A 000	was conducted on Division of Licensir following regulatory Based on informati interviews and recording Jeopardy situation result of actual hard treatment in the En In addition, the hose in compliance with Patient Rights, Qualmprovement, Nursel Services. 482.13 PATIENT Results A hospital must propatient's rights. This CONDITION is Based on observare reviews conducted Condition of Particismet as evidenced by protect and promot assure that safe calinformation obtained an Immediate Jeopto exist as the resulting process.	onsite complaint investigation 10/7/13 - 10/8/13 by the ag and Protection .The y violations were identified: on obtained through staff ord reviews, an Immediate was determined to exist as the m to a patient who sought nergency Department. Spital was determined not to be Conditions of Participation for: ality Assurance/Performance sing Services and Emergency	A 000	Tag A000 (cont'd) nursing and administrative leadersh accreditation content experts, and appropriate expertise pertinent to e Condition of Participation identified surveyors. Corrective Action Plans have bee developed based on the written sur findings received on October 15, 20 format of these plans consistently addresses i) the corrective actions implemented, ii) the timeline for implementation, iii) the specific plar monitoring compliance, and iv) the responsible for each plan. The Hospital's Board of Trustees been engaged in this process and i providing ongoing oversight of the caction plan. Communication and Education Plan The approach to communication are education for this Plan of Correction follow the comprehensive, multi-more approach often used at the Hospita. Populations to educate: physician nurses, other caregivers and non-cistaff members, both current staff mas well as all new hires. Each grouestablished paths for communication education which are being utilized a larger group educational presentation. Material development: standard is developed by content experts using PowerPoint and other written communications to assure consiste content for all populations to be education to be educations to be educations to be educations to be educations to be educations.	ach by the en vey 013. The ons for person has s corrective on will edality l: ns, linical embers p has on and as well as content ng nt	10/25/13 Ongoing Ongoing	
A 131	482.13(b)(2) PATIE	31, 0144, 0145, 0147 ENT RIGHTS: INFORMED	A 131			200	
LABORATOR	Y DIRECTOR'S DR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIC	SNATURE	TITLE		(X6) DATE	

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	ROVIDER OR SUPPLIER VESTERN VERMONT	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201	1070	
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A 131	482.13(b)(2) PATIE	31, 0144, 0145, 0147 :NT RIGHTS: INFORMED	A 131	A communication and education pla utilizing this model has been impler address all subject matters identifie	nented to	Ongoing
LABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN DF CDRRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION 9	(X3) DATE SURVEY COMPLETED		
		470012	B. WING		C 10/08/2013	
	NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT MEDICAL CENTER			REET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
A 000	was conducted on Division of Licensir following regulatory Based on informati interviews and recorded Jeopardy situation result of actual harm	onsite complaint investigation 10/7/13 - 10/8/13 by the ag and Protection .The violations were identified: on obtained through staff ord reviews, an Immediate was determined to exist as the m to a patient who sought nergency Department.	A 000	Tag A000 (cont'd) findings in this Plan of Correction. communication and education for e finding is addressed in each responsection. Executive Responsible: Chief Executive Control C	ach nse	
A 115	in compliance with Patient Rights, Qual Improvement, Nurs Services. 482.13 PATIENT RA hospital must propatient's rights. This CONDITION is Based on observareviews conducted Condition of Particimet as evidenced by protect and promot assure that safe cainformation obtained an Immediate Jeop to exist as the resure who sought treatment.	pital was determined not to be Conditions of Participation for: ality Assurance/Performance ing Services and Emergency alights and promote each services and promote and patient to be the rights of each patient to re was provided. Based on the following findings reflect ardy situation was determined at of actual harm to a patient ent in the Emergency	A 115	Tag A 115 Plan for Correction: Upon learning of this incident and confirming the event (prior to the suarrival), the nursing staff involved (land 2) were removed from patient of Nursing leadership roles in the Eme Department were shifted to replace Emergency Department Director wi interim Director and to shift reporting responsibility to the Administrative of Inpatient Services with enhanced expectations as to leadership, round overall accountability in the department on Monday, October 7, 2013, the Immounted an urgent safety response ensure that all staff had familiarity a competency with the Hospital's explore the Hospital's Culture of Safety and the same confidence of the safety and the safety and the safety are safety response ensure that all staff had familiarity a competency with the Hospital's explored.	Nurse 1 care. ergency the thanew of Director diding and nent. Hospital to and ectations	
A 131	482.13(b)(2) PATIE	31, 0144, 0145, 0147 NT RIGHTS: INFORMED	A 131	immediacy of responding to patient that date, Nursing and Quality depa leadership reviewed the incident an determined that immediate educatic assessment of staff competency on safety occur.	s. On artment ad on and	

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NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT MEDICAL CENTER BITTER ADDRESS, CITY, STATE, ZIP CODE 160 HOSPITAL DRIVES BENNINGTON, VT 05201 STREET ADDRESS, CITY, STATE, ZIP CODE 160 HOSPITAL DRIVES BENNINGTON, VT 05201 PREFIX 7AG A 000 INITIAL COMMENTS A nunannounced on site complaint investigation was conducted on 10/7/13 - 10/8/13 by the Division of Licensing and Protection. The following regulatory violations were identified: the polydion regulatory violations were identified: the result of actual harm to a patient who sought treatment in the Emergency Department. In addition, the hospital was determined not to be in compliance with Conditions of Participation for: Patient Rights, Quality Assurance/Performance Improvement, Nursing Services and Emergency Services. A 155 A 156 A 157 A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on observation, interview and record reviews conducted on days of survey, the Condition of Participation Patient Rights was not met as evidenced by the hospital's failure to protect and promote the rights to each patient to assure that safe care was provided. Based on information obtained the following findings reflect an Immediate Jeopardy situation was determined to to exist as the result of actual harm to a patient who sought treatment in the Emergency Department. Refer to tags: A-0131, 0144, 0145, 0147 482.13 (b)(2) PATIENT RIGHTS. INFORMED A 131	STATEMENT OF DEFICIENCIES AND PLAN OF CDRRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
SOUTHWESTERN VERMONT MEDICAL CENTER 100 HOSPITAL DRIVE BENNINGTON, VT 05201			470012			_	
A 000 INITIAL COMMENTS An unannounced onsite complaint investigation was conducted on 10/7713 - 10/8/13 by the Division of Licensing and Protection. The following regulatory violations were identified: Based on information obtained through staff interviews and record reviews, an Immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department. A 1151 A 1151 A 1151 A 1151 A 1151 A 1151 C 1151 A 1152 A 1152 A 1153 A 1153 A 1154 A 1155 A 1155 A 1155 A 1156 A 1156 B 1157 A 1157 B 1157 A			T MEDICAL CENTER	10	0 HOSPITAL DRIVE		
An unannounced onsite complaint investigation was conducted on 10/7/13 - 10/8/13 by the Division of Licensing and Protection .The following regulatory violations were identified: Based on information obtained through staff interviews and record reviews, an Immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department. In addition, the hospital was determined not to be in compliance with Conditions of Participation for: Patient Rights, Quality Assurance/Performance Improvement, Nursing Services and Emergency Services. A 115 A 115 A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on observation, interview and record reviews conducted on days of survey, the Condition of Participation: Patient Rights were compromote the rights of each patient to assure that safe care was provided. Based on information obtained the following findings reflect an immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department, and Device and promote the rights of each patient to assure that safe care was provided. Based on information obtained the following findings reflect an immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department, and Device and promote the rights of each patient to assure that safe care was provided. Based on information obtained the following findings reflect an immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department, and Device	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	(X5) COMPLETION DATE
A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on observation, interview and record reviews conducted on days of survey, the Condition of Participation: Patient Rights was not met as evidenced by the hospital's failure to protect and promote the rights of each patient to assure that safe care was provided. Based on information obtained the following findings reflect an Immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department and the Security department. The specific modules presented, as reflected in the Communication and Education Plan, are Culture of Safety, Communicating for Outcomes, HIPAA and the Emergency Department, and Delivery of Care when Patient Rights were Compromised. This education focused directly on patients' night to safe care and how each employee can and must live the Hospital's Culture of Safety (C.A.R.I.N.G.). The sessions included experiential learning opportunities, small group work and a frank and direct discussion of the specific patient event at issue.		An unannounced of was conducted on Division of Licensir following regulatory Based on informati interviews and reconstruction Jeopardy situation result of actual har treatment in the En In addition, the hos in compliance with Patient Rights, Qual Improvement, Nurs Services.	onsite complaint investigation 10/7/13 - 10/8/13 by the ag and Protection .The y violations were identified: on obtained through staff ord reviews, an Immediate was determined to exist as the m to a patient who sought nergency Department. Epital was determined not to be Conditions of Participation for: ality Assurance/Performance sing Services and Emergency		Implementation: a. Starting on October 7, 2013, Nu leadership conducted one-on-one r with clinical staff to provide direct e about patient safety as was summathe acronym C.A.R.I.N.G.: Careful Attention, Respond Immediately, N Guess. On October 14, 2013, the sinformation was provided to all staff and administrative) and was compled to complete to include an assessment of staff member's competency which completed in one-on-one meetings	meetings education arized in lever same f (clinical leted by neetings f. To le of this las of each will be	10/18/13 10/21/13 Ongoing
issue.		A hospital must propatient's rights. This CONDITION i Based on observareviews conducted Condition of Particimet as evidenced I protect and promot assure that safe cainformation obtaine an Immediate Jeopto exist as the result who sought treatment. Refer to tags: A-01	s not met as evidenced by: tion, interview and record on days of survey, the pation: Patient Rights was not by the hospital's failure to the trights of each patient to the was provided. Based on the following findings reflect the rights of each patient to the was provided. Based on the following findings reflect the following findings refl		Patient Safety, Communication and Privac An Impact on Outcomes was developed ar presented to staff from the Emergency Department (nursing, technicians, unit secretaries and physicians), Access Services department and the Security department. The specific modules presented, as reflected in the Communication and Education Plan, are Culture of Safety, Communicating for Outcomes, HIPAA and the Emergency Department, and Delivery of Care when Patient Rights were Compromised. This education focused directly on patients' right to safe care and how each employee can and must live the Hospital's Culture of Safety (C.A.R.I.N.G.). The sessions included experiential learning opportunities small group work and a frank and direct discussion of the specific patient event at		10/24/13
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		, ,, ,			TITLE		(X6) DATE

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		470012		B. WING		0.000.40	
NAME OF P	RDVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CDDE	10/0	08/2013	
SOUTHV	VESTERN VERMON	MEDICAL CENTER	1	0 HOSPITAL DRIVE ENNINGTON, VT 05201			
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	an Immediate Jeop to exist as the resu who sought treatme Department.	ardy situation was determined at of actual harm to a patient ent in the Emergency 31, 0144, 0145, 0147		Services department leadership will regular, one-on-one meetings ("rou staff") with all employees to assess competency with patient rights and culture of safety. Any lack of under or noncompliance identified in these meetings will be immediately and d	I conduct nding on their the estanding e irectly	3 3	
A 131	482.13(b)(2) PATIE	ENT RIGHTS: INFORMED	A 131	addressed with the staff member th the Hospital's Corrective Action pol	icy.	(X6) DATE	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
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	assure that safe care was provided. Based on information obtained the following findings reflect an Immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department.			are "unable to sign", "refuses to sign", "refuses to sign", "verbal consent" and require a state "reason" for this. This selection requise of two witnesses. The new pro	ement of uires the	
A 131		31, 0144, 0145, 0147 NT RIGHTS: INFORMED	A 131			٠
ABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

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		470012	A. BUILDING B. WING		C	
	PROVIDER OR SUPPLIER	MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 HOSPITAL DRIVE BENNINGTON, VT 05201			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRE DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 000	was conducted on Division of Licensin following regulatory Based on informatic interviews and recording Jeopardy situation or result of actual harritreatment in the Emilia In addition, the hospin compliance with Patient Rights, Qualimprovement, Nursi Services. 482,13 PATIENT Rights A hospital must propatient's rights.	onsite complaint investigation 10/7/13 - 10/8/13 by the g and Protection .The violations were identified: on obtained through staff and reviews, an Immediate was determined to exist as the into a patient who sought hergency Department. pital was determined not to be Conditions of Participation for: lity Assurance/Performance ing Services and Emergency	A 000	Tag A131 (cont'd) highlighted both with shading and a box to clearly identify it. Implementation: The ED Clinical Nurse Specialist (or designated RN) and Access Service supervisor have provided direct, on education with staff on the changes policy and the Consent form which documented and tracked via a sign sheet. 100% of ED and Access Se staff have completed the training expone RN on medical leave who will repermitted to return to duty until the has been completed. The understanding of this education assessed by obtaining a passing so written or online test. Monitoring: Beginning on October 16, 2013, each business day, the Health Information Services department will monitor 10	r other es e-on-one to the has been -off rvices (9 6 coept for not be training n will be core on a	10/24/13 10/24/13 Laveer or beravene and 1 and
A 131	Based on observation reviews conducted of Condition of Participal met as evidenced by protect and promote assure that safe car information obtained an Immediate Jeopa to exist as the result who sought treatme Department. Refer to tags: A-013 482.13(b)(2) PATIE	ion, interview and record on days of survey, the pation: Patient Rights was not by the hospital's failure to the rights of each patient to be was provided. Based on the following findings reflect ardy situation was determined to factual harm to a patient in the Emergency	A 131	consent forms for patient encounter Emergency Department to ensure compliance and will notify the department and the compliance and will notify the department of any deviations identified immediate follow up; weekend encounted the reviewed on the following of the Upon 100% compliance for a period month, the Health Information Services not the Health Information Services Record Review plan. The of this monitoring will be reported to executive Compliance Committee nuntil 100% compliance is achieved a quarterly thereafter and in the Privatofficer's annual report to the same committee.	tment d for funters donday. I of one ces mation results the nonthly and cy	Ongoing

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		470012	B. WING		C 10/08/2013	
	PROVIDER OR SUPPLIER VESTERN VERMONT	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201	10/03/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CDRREC' (EACH CORRECTIVE ACTION SHO CRDSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
FORM CMS-2	567(02-99) Previous Versio	ns Obsolete Event ID: ZTI811	Facility	ID: 470012	If continuation sheet Page 2 of 27	
FORM CMS-2	Continued From par CONSENT The patient or his or allowed under State informed decisions The patient's rights or her health status planning and treatmed as a medically unnecess or refuse treatment construed as a medically unnecess. This STANDARD is Based on interview nursing staff in the to follow hospital probation of treatment (Patient #1 On 9/24/13 Patient via ambulance with symptoms. Once in staff to obtain conspolicy Informed Costates "Valid inform from each patient por treatment". I Department the pol 8/27/13 states regard. To obtain written per Department patient unconscious state when not accomparisons.	or her representative (as e law) has the right to make regarding his or her care. Include being informed of his is, being involved in care ment, and being able to This right must not be chanism to demand the ent or services deemed sary or inappropriate. In the tast evidenced by: In and record review, the emergency Department failed blicy during the process of per treatment for one applicable of the ED it is responsibility of ent for treatment. Per hospital ment last revised 6/18/13 and consent must be obtained with the Emergency icy titled Consent, last revised arding the purpose for consent ermission on all Emergency is unless unable to sign due to or life threatening emergency nied by a party responsible for	A 131	Tag A131 (cont'd) Executive Responsible: Chief Info Officer.		
	9/24/13	s placed in bay #11 on cess was completed, Registrar				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ļ ` <i>'</i>	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		470012	B. WING			C 1 0/08/2013	
	PROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201	<u> </u>	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
A 131	to obtain his/her signerview insurance in When Patient #1 w #1, the Registrar signature for treatment took the consent for Per interview on 10 confirmed s/he had Patient #1 to receivinforming the Registanswering any que on 10/8/13 at 9:08. Specialist for the Epatient is unable to can't sign". Per revictionsent and Author Information form n is noted and dated read: "If Person Registationship". 482.13(c)(2) PATIESETTING The patient has the setting. This STANDARD is Based on observative review, the hospital interventions were demonstrated a regishortly after arrival and nursing staff far and standards of piservices were deliving with the setting services were deliving with the setting services were deliving services were deliving with the setting services were deliving with the setting services were deliving services were deliving with the setting services were deliving services serv	rvices approached the patient gnature for treatment and to aformation and demographics. as not responding to Registrar boke to Nurse #1 informing her atient #1 was dead and no nent was obtained. Nurse #1 rm and signed for treatment. 1/8/13 at 1:58 PM, Nurse #1 signed the consent form for retreatment in the ED, etrar Patient #1 was not stions. However, per interview AM the Clinical Nurse D stated "We sign that the sign and the reason why they liew of Patient #1's "Uniform	A 144	Tag A 144 Plan for Correction: The Chest Pain protocol was review found to be sufficient, and it was de that it did not apply to this patient a patient's complaints included back stomach (abdominal) pain. The implementation of the Chest Pain p which includes administration of as would not have been appropriate uracute abdominal process (e.g., per gastric ulcer, dissecting abdominal aneurysm) was ruled out. However, oxygen and cardiac monishould have been continued upon a the Emergency Department. There Triage Nursing Roles and Respons policy has been revised.	etermined s this pain and rotocol, pirin, ntil an forated aortic itoring arrival to	10/23/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		470012	B. WING		C 10/08/2013	
	ROVIDER OR SUPPLIER VESTERN VERMON	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CDDE 10 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CRDSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
A 144	ambulance to the E on 9/24/13 at 23:07 contained multiple	Patient #1 arrived via Emergency Department (ED) 7. Patient #1's medical history co-morbidities to include: Type t; Epilepsy with severe seizure	A 144	Tag A144 (cont'd) The Hospital policy entitled Triage I Roles and Responsibilities was revi require that patients arriving on oxy and/or cardiac monitoring have the continued until the physician evalua been completed.	ised to gen se	
	disorder; End Stag requiring dialysis trapnea; asthma, ob-Bipolar disorder. Poservices (EMS)/Re Report" for 9/24/13 complaining of several which occurred cortisone injection. #1 was observed to heavescomplaine short of breathstandard for the standard fore	e Renal Disease (ESRD) eatments 3 x per wk; sleep esity, hypothyroidism and er Emergency Medical escue Squad "Prehospital Care at 22:30, Patient #1 was ere back pain, relating it to a on 9/14/13 and a recent The report also noted Patient o have "dry ed of stomach pains/he is arting to breath rapidlyAlso painPt put on 3 lit (liters) of		The Hospital has modified its electr medical record to provide a new standardized template for taking an documenting handoffs ("handovers' Emergency Medical Services (EMS members to the triage nurse in the Emergency Department. This new ensures that all essential elements EMS-to-triage nurse transfer of care obtained and addressed as well as documented. Completion of this ter required for 100% of patients who a EMS.	d ") from i) template of an e will be mplate is	
	02 (oxygen) nasal canula pt noting that O2 did help with breathing". Per interview on 10/8/13 at 11:40 AM, a Advanced EMT #1 (Emergency Medical Technician) who was part of Patient #1's transport team to the ED on 9/24/13 confirmed the patient was anxious. EMT #1 stated because of Patient #1's presenting symptoms to include continuous low blood pressure readings (85/60, 84/54. & 76/56) and the inability to establish an IV, the Paramedic was requested to arrive at the scene for assistance. EMT #1 also stated Patient #1 was placed on a 4 lead cardiac monitor but frequent artifact was noted due to the patient's restless movement, discomfort and anxiety. Upon arrival EMS staff were directed to place Patient #1 in bay #11, a large 2 bed area often used for trauma cases. Nurse #1, assigned to Triage, began the initial Triage process by entering demographic information into the			The Hospital policies entitled Delive Care and Nursing Responsibilities was revised to include a new provision of that patients be reassessed by the any reported change in condition.	were equiring	
				Implementation: The ED Clinical Nurse Specialist (o designated RN) has provided direct one education with ED nursing staff changes to the following policies: To Nurse Roles and Responsibilities, E of Care and Nursing Responsibilities well as the EMS handoff ("handover documentation requirement. This enhas been documented and tracked sign-off sheet. 97% of ED nursing stages completed the training except for or medical leave who will not be permited return to duty until the training has becompleted.	a, one-on- f on the riage Delivery as, as r") ducation via a staff has ne RN on itted to	
				The understanding of this education assessed by obtaining a passing so written or online test.		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, .	PLE CONSTRUCTION S	(X3) DATE SURVEY	
		470012	B. WING		C 10/0	8/2013
	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETION DATE
A 144	assisted with the particle provided by EMS is assistance of an EI transferred to the EEMT #1, Patient # Rescue Squad Carassistance was proobtain a blood presidifficult due to paties stated s/he provide to the patient's con Per interview on 10 confirmed she had regarding Patient # shortness of breath yellingappeared to Nurse #1 further st. #1 in the past during rated the patient's pain scale/10 being noted Patient #1 diquestions during the patient was yelling the Triage process opposite side of the left the area. No direct #1 to other ED staff cardiac monitor or signs recorded, tak included: B/P 130/s via pulse ox meter air. Nurse #2, who was the nurses station I bay #11 and observing the EMS of the left had been station I bay #11 and observing the provided to the left had been station I bay #11 and observing the provided to the left had been station I bay #11 and observing the provided to the left had been station I bay #11 and observing the provided to the patient was station I bay #11 and observing the provided to the patient was provided to the provided to the provided to the patient was provided to the provid	Record (EMR) but had not atient's transfer. Report was taff to Nurse #1 and with the D Technician, Patient #1 was ED stretcher by EMS staff. Per 1 was removed from the diac monitor and oxygen and vided to the ED Technician to soure, which process was ent's restlessness and EMT #1 d Patient #1 reassurance due	A 144	Tag A144 (cont'd) Monitoring: The ED nursing leadership (or other designated RN) will conduct chart at 100% of Emergency Department prencounters to validate compliance. Triage Nurse Roles and Responsibilities policies, specificall regarding the nurse's response to a reported change in patient condition audit will also review the completion EMS handoff ("handover") protocol includes continuation of cardiac monitoring will occur each business (with weekend encounters reviewer following Monday) for a period of an innety days, the results of which with assessed as part of the Hospital's of program. The reviewer will notify the department manager of any deviation identified for immediate follow up. The results of this monitoring will be reported to the Administrative Safe Committee monthly, which minutes reported to and reviewed by the Bosafety Quality Committee. Executive Responsible: Chief Nurs Officer.	audits of atient with the silities, y any n. This n of the which onitoring ds. This is day d on the t least ll be QA/Pl ne ons ety Quality are	10/28/13 Ongoing Ongoing

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	R: A. BUILDING COMPLETE		_ETED		
		470012	B. WING 10/08		08/2013		
	ROVIDER OR SUPPLIER	MEDICAL CENTER		10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID EFIX AG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 144	did not get up to as patient's transfer or status once the ED vital signs. Nurse # crying out in pain Nurse #1 stated state bay #11 to "make comfortableI wou move their arm or In Per ED Triage Protreviewed 02/13 state effective way to progain efficiencies for patients based on patients and paint includes: "Vitaguidelines; saline whether Triage Nurseffort to follow hospatient to follow hospatient to follow hospatient #1. Per 10/7/13 at 4:00 PM to her/him a couple head was to the sid open. There was no was quite close to head. I looked at he was any movement quickly went to the	ne was on the computer and sists staff and EMS with the assess the patient's physical technician had completed 2 stated "the patient was I continued my charting". aff had dimmed the lights in the patient more Id glance over to see her/him eg". ocol: Chest Pain, last tes "Triage protocols are an ovide timely diagnostics and provision of services to select presenting signs and er of standardized approach to nedical decision making by the orders for ED Triage for chest al signs; 02 per titration well (IV) and cardiac monitor".	A	144			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER: A. BUILDING COMPLETED		LETED	
		470012	B. WING 10/08/2		; 08/2013	
	RDVIDER DR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
A 144	'oh s/he's playing p for her/him'She s point I left the emer s/he was actually d department". Despite the commeneither Nurse #1 or Patient #1. Nurse #1 Registrar #1 enter I Registrar #1 as s/h #11 as " nervous dead". Nurse #2 st that " I said s/he wadid not go up to loo have but I didn't". Within 1-2 minutes observations of Patunaware of comme Registrar #1, walke Patient #1. Per inter Nurse #3 stated " alls/he was not or a pulse". Nurse d and waved for Nursurses station, to conote written by Nurby Pts. room, noted found to be pulsele CPR initiated". Rescontinued for 20 minot improve, the condeath was noted to Per interview on 10 Supervisor for Acceptance.	dead. One of the nurses said ossum''I'll sign your papers signed my paper and at that gency roomI did not know if ead when I left the emergency ents made by Registrar #1, Nurse #2 went to assess #2 confirmed s/he saw bay #11 and described e was walking out from bay "and "said I think s/he's tated at the time of interview as moving. She was sleeping. I k at her/himI know I should after the Registrar's reported tient #1, Nurse #3, who was nts and concerns raised by and by bay #11 and glanced at rview on 10/7/13 at 3:15 PM, s/he did not look well at n a heart monitor, checked for escribed the pulse as "faint" se #2, who was sitting at the ome to bay #11. Per nursing se #1 at 2327, "RN walked I Pt. to appear cyanotic, Pt. ss and apnic (not breathing), suscitation for cardiac arrest nutes. Patient's condition did de was ended and time of	A 144			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURY COMPLETE (X3) DATE SURY COMPLETE		LETED				
470012		470012	B. WING		C 10/08/2013	
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT MEDICAL CENTER			10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG			LD BE	(X5) COMPLETION DATE		
A 145	Access Services the after reporting to a that upon entering patient appeared doff". When the Supwas asked about the Access Service staff and Ethere have been padepartments when registration have all concern related to and the response find Registrars were " 482.13(c)(3) PATIE ABUSE/HARASSM. The patient has the of abuse or harassis. This STANDARD is Based on staff into hospital failed to astreatment are free the patient. (Patient #1 within 48 hours alled Protective Services State Statute Title: abuse, Neglect and Adults". Findings in On the night of 9/24 work in the ED demonstrated patient to change in condition respond when alert to change in condition respond to the change in condition respond when alert to change in condition respond to the change in condition respond to the change in condition respond to the change in chang	at Registrar #1 was upset nurse on the night of 9/24/13 bay #11 s/he noted the ead, but the nurse "blew her ervisor for Access Services he relationship between D nursing staff, s/he reported ast issues between staff conducting ED erted nursing of a immediate a patient seeking ED services from nursing was the over reacting". ENT RIGHTS: FREE FROM MENT The right to be free from all forms ment. Is not met as evidenced by: erview and record review, the issure all patients seeking from neglect for 1 applicable of the facility failed to report egations of abuse to Adult in accordance with Vermont as Chapter 69 "Reports of Exploitation of Vulnerable	A 145	Tag A 145 Background information: The Hospital acknowledges the car deficiencies that were cited but note the Statement of Deficiencies (page 27), it is stated that Nurse #3 descrpatient's pulse as "faint". Respectfit Hospital reports that Nurse #3 has confirmed that it is not her/his recol that the patient's pulse was "faint"; is her/his recollection upon entering and glancing at the patient that s/he believed that the patient was decea which s/he recalls was confirmed by physical exam of the patient. The I would also like to clarify that the first to the State Agency/Adult Protective Services occurred by telephone by voice message on Wednesday, Oct 2013, at approximately 5:45 pm.	es that in e 22 of ibed the ully, the lection rather, it g bay #11 e ased, y her/his Hospital st notice e leaving a	10/17/13

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		470012	B. WING		C 10/08/2013	
NAME OF P	ROVIDER OR SUPPLIER		· · · · · ·	REET ADDRESS, CITY, STATE, ZIP CDDE	I	
SOUTHV	VESTERN VERMONT	MEDICAL CENTER	1	10 HOSPITAL DRIVE ENNINGTON; VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 145	Patient as" playing Patient #1 arrived v Emergency Depart 23:07. Patient #1 had mult Type 2 Diabetes me seizure disorder; En (ESRD) requiring desire and Bipolar disorder Services (EMS)/Re Report" for 9/24/13 complaining of sever fall which occurred cortisone injection. #1 was observed to heavescomplaine short of breathsta having some chest 02 (oxygen) nasal of help with breathing' 11:40 AM, a Advant Medical Technician transport team to th the patient #1's prese continuous low blood 84/54, & 76/56) and IV, the Paramedic w scene for assistance #1 was placed on a frequent artifact was restless movement, arrival to the ED, EM discontunued the ox	id condition by describing the possum". It is ambulance to the ment (ED) on 9/24/13 at stiple co-morbidities to include: ellitus; Epilepsy with severe and Stage Renal Disease italysis treatments 3 x per wk; is a, obesity, hypothyroidism for. Per Emergency Medical scue Squad "Prehospital Care at 22:30, Patient #1 was are back pain, relating it to a con 9/14/13 and a recent. The report also noted Patient is have "dry do f stomach pains/he is riting to breath rapidlyAlso painPt put on 3 lit (liters) of canula pt noting that O2 did ". Per interview on 10/8/13 at cod EMT #1 (Emergency) who was part of Patient #1's are ED on 9/24/13 confirmed ious. EMT #1 stated because enting symptoms to include and pressure readings (85/60, do the inability to establish an was requested to arrive at the energy energy. Upon MS removed the monitor and expense. 17/13 at 1:58 PM, Nurse #1 obtained a report from EMS	A 145	Tag A145 (cont'd) Plan for Correction: An educational presentation entitled Safety, Communication and Privacy Impact on Outcomes, which include module entitled Delivery of Care W. Patient Rights were Compromised, presented in a live, interactive even from the Emergency Department (in physicians, technicians and unit sea and by a written module to remaining members of the ED, Access Service the Security departments. This morprovided specific focus on patient's and protection from abuse and negithe reporting requirements. The Hospital's policy on Abuse, Net Exploitation of a Vulnerable Adult were vised. Education is being provided Access Services and Security departments. Education is being provided and the standards, process and expet for reporting abuse, neglect or exploitation; this will permit a uniform system to review the timeliness of interpretation: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or on on the Patient Safety, Communication: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or on on the Patient Safety, Communication: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or on on the Patient Safety, Communication: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or on on the Patient Safety, Communication: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or on on the Patient Safety, Communication: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or on on the Patient Safety, Communication: 100% of staff members in the Emer Departments required to complete a written or on on the Patient Safety.	y: An es the hen was it for staff iursing, cretaries) ig es and dule rights lect and glect and glect and ras ed to ED, riments ectations bitation. em was ort be a state n eports: gency Access are line test on and alning. g staff Access re on ted to nas	10/24/13 10/29/13 10/22/13
OPM CMS 25	67(02-00) Province Varaina		A Facility	been completed. The understanding		10/29/13 heet Page 9 of 27
ORM UMS-25	67(02-99) Previous Version	s Consciete Event ID: 2 1811	int ot	ID. 47 VÜ 12 "	South Mation 9	
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED				
		470012	B. WING		C 10/08/2013	
	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATIDN) .	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETI	
A 145	shortness of breath yellingappeared t Nurse #1 rated the	1 to include back pain, and stomach pain. "She was o be in quite a bit of pain". patient's pain to be a "10" (on	A 145	Tag A145 (cont'd) of this education will be assessed to obtaining a passing score on a written online test. All new staff will be provisame material as a component of the orientation program.	ten or vided the Ongo	oing
	a 1-10 pain scale/10 being the worse level of pain) but noted Patient #1 did not answer Nurse #1's questions during the Triage process stating the patient was yelling in pain. At the completion of the Triage process that was conducted on the opposite side of the large trauma bay, Nurse #1 left the area. No direction was provided by Nurse #1 to other ED staff to place Patient #1 on a cardiac monitor or apply oxygen. The only vital signs recorded, taken by the ED technician, included: B/P 130/96, pulse 88 and oxygen level via pulse oximeter was reported at 96 on room			Education on the policy changes fo Neglect and Exploitation of Vulnera Adults and event reporting requiren provided to 100% of Hospital Direc	ible nent was tors on	
				Wednesday, October 23, 2013. The Directors and their designated lead staff members shall provide direct, one education with staff on the chathe policy, which is documented an	ership one-on- nges to	ing
				via a sign-off sheet. To assess and staff knowledge of this education, I will review this competency in one-	I validate Ongo Directors	ing
	Patient #1 from pas "s/he often needs time" during the p Nurse #1 confirmed	owledged s/he was aware of st ED visits and acknowldeged everythingand it takes extra provision of care. In addition, d Patient #1 should have been a monitor upon admission to		meetings with their direct reports. A October 29, 2013, any staff member Emergency Department, Access Seand Security department who have completed this training will not be part to return to duty until the competent been completed.	After 10/29/ ers in ervices not ermitted	√13
	the nurses station I #11 and observed I Per interview on 10 stated s/he was on up to assist staff and transfer or assess tonce the ED technisigns. Nurse #2 stated " painI continued m staff had dimmed to the patient more converto see her/him Nurse #2 did not di	assigned to Patient #1, sat at ocated opposite trauma bay Patient #1's arrival by EMS. 1/7/13 at 12:01 PM, Nurse #2 the computer and did not get at EMS with the patient's physical status cian had completed vitalthe patient was crying out in my charting". Nurse #1 stated he lights in bay #11 to "make he mfortableI would glance in move their arm or leg". rect ED technician to place the comonitor, nor was an attempt		Monitoring: Emergency Department, Access Scand Security department leadership conduct regular, one-on-one meetin ("rounding on staff") with all employ assess their competency with recovulnerable adults and the required requirements, including the need for report. Any lack of understanding on noncompliance identified in these mabuse, neglect and exploitation of the immediately and directly address the staff member through the Hosp Corrective Action policy.	o will ags vees to gnizing reporting or filing an or neetings event will sed with	ing

PRINTED: 10/15/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE BENNINGTON, VT 05201	A. BUILDING		LETED				
SOUTHWESTERN VERMONT MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCY			470012	B. WING		<u> </u>	
SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION CASC DEFICIENCY MUST BE PRICEOED BY PULL RECOLLATORY OR U.S. O'BENTEYINIS INFORMATION) PREFAX TAS PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE COORSECTIVE ACTION SHOULD BE CO			MEDICAL CENTER		100 HOSPITAL DRIVE		70/2010
made to achieve IV access or to address and reassess the patient's complaints of pain. Patient #1 was left alone. At approximately 10 minutes after admission to the ED between 2220-2224 on 9/24/13 Access Services Registrar #1 entered bay #11 to complete the registration process, ventfy information and obtain a signature for treatment from Patient #1. Per telephone interview on 107/7/3 at 4:00 PM. Registrar #1 stated "I spoke to her/him a couple of times (Patient #1)her/his head was to the side and her/his mouth was open. There was no response from her/his eyes, I was quite close to her/him. I was up by her/his head. I looked at her/his chest area to see if there was any movement." Registrar #1 reported s/he quickly went to the end of the trauma bay area and "I said to the nurses who were nearby. I said she/he (Patient #1) is dead. One of the nurses said 'oh s/he's playing possum'"Il sign your papers for her/him'She signed my paper and at that point I left the emergency or orI did not know if s/he was actually dead when I left the emergency or papers for her/him'She signed my paper and at that point I left the emergency or or she was actually dead when I left the emergency or	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
	A 145	made to achieve IV reassess the patier #1 was left alone. At approximately 10 the ED between 22 Services Registrar complete the regist information and obdition Patient #1. Per 10/7/13 at 4:00 PM to her/him a couple head was to the side open. There was now was quite close to head. I looked at he was any movement quickly went to the and "I said to the number of the information of the information in the informa	d'access or to address and nt's complaints of pain. Patient 0 minutes after admission to 220-2224 on 9/24/13 Access #1 entered bay #11 to tration process, verify tain a signature for treatment er telephone interview on I. Registrar #1 stated "I spoke of times (Patient #1)her/his de and her/his mouth was to response from her/his eyes. I her/him. I was up by her/his er/his chest area to see if there end of the trauma bay area curses who were nearby. I said is dead. One of the nurses ing possum''I'll sign yourShe signed my paper and at emergency roomI did not citually dead when I left the nent". The nurse who is a "playing possum" was degistrar #1 as Nurse #1. This made by Registrar #1, I write who is a "playing possum" was degistrar #1 and described e was walking out from bay is and "said I think s/he's lated at the time of interview " ving. She was sleeping. I did ther/himI know I should derification of comments made	A 14	Patients with three or more visits last 60 days will be identified via report and the ED nursing leader other designated RN) will conduct audits of 100% of such encounter assure that appropriate care was and there was no abuse or negle occurring. This monitoring will obusiness day (with weekend encounter eviewed on the following Monda period of at least ninety days, the which will be assessed as part of hospital QA/PI program. The revenotify the department manager of deviations identified for immediate The results of this monitoring will reported to the Administrative Sa Committee monthly, which minuter proted to and reviewed by the Insafety Quality Committee. Beginning October 25, 2013, the Compliance Officer will provide more 100% of state reported events compliance with the state law recompliance with the state law recompliance with the state law recompliance and will provide correspond to the Executive Conformittee. The results of this monitoring will occur weekly to encompliance and will provide correspond to the Executive Conformittee each quarter and subto the Board level Audit and Comformittee. Executive Responsible: Chief Neterical Conformittee.	a daily ship (or t chart rs to provided ct ccur each cunters y) for a results of the iewer will any e follow up. be fety Quality es are soard Corporate conitoring for uirements. of a illed in the This sure ction and s are nitoring will upliance sequently pliance	Ongoing Ongoing Ongoing

Facility ID: 470012

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	j	470012	B. WING		C 10/08/2013
	PROVIDER OR SUPPLIER	T MEDICAL CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 00 HOSPITAL DRIVE ENNINGTON, VT 05201	a comment of the state of the s
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A 147	made the sarcastic minutes after the R observations of Pai unaware of comme Registrar #1, walke Patient #1. Per inte Nurse #3 stated " alls/he was not or a pulse". Nurse # "faint" and waved for sitting at the nurses Per nursing note wi "RN walked by Progranotic, Pt. found breathing), CPR inicardiac arrest conticondition did not im and time of death with the comment of the state of	w, Nurse #1 stated Nurse #2 c comment. However within 1-2 Registrar's reported tient #1, Nurse #3, who was ents and concerns raised by ed by bay #11 and glanced at erview on 10/7/13 at 3:15 PM, .s/he did not look well at n a heart monitor, checked for £3 described the pulse as or Nurse #2, who continued s station, to come to bay #11. ritten by Nurse #1 at 2327, ts. room, noted Pt. to appear to be pulseless and apnic (not itiated ". Resuscitation for inued for 20 minutes. Patient's aprove, the code was ended was noted to be 2351. spital failed to report the diving ED nursing staff and he required 48 hours per tute Title 33 Chapter 69 Neglect and Exploitation of Although individual hospital dated reporters, were intially g on 9/26/13 of events expected death of Patient #1 Iministrative staff to include nd Patient Safety and Quality of the adverse event on notification to the State ective Services did not occurr 1 PM (after hours) stating only omplaint related to ED an employee.	A 147	Tag A 147 Plan for Correction: The Hospital's Officer reviewed the Confidentiality Information policy and found that it compliant so no additional changes made. However, in accordance wit policy, a disclosure was made to the members of Patient 1 to advise the privacy violation and to apologize. Following that verbal disclosure and apology, a letter was sent to the her proxy for the patient from the Privac on October 16, 2013. This letter ad the reporting and grievance procedinstances of a privacy violation.	of was were th such e family m of this d alth care cy Officer

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		470012	B. WING_		10/08/2013		
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A 147	Continued From pa CONFIDENTIALITY The patient has the his or her clinical re	Y OF RECORDS	A 147	Tag A147 (cont'd) The Hospital's leadership team is of to the protection of patient privacy incorporate privacy monitoring in the rounding as reflected on modification Senior Leader Rounding Tool.	and will eir daily	10/21/13	
A 263	Based on interview hospital failed to as confidentiality of his maintained for 1 ap Findings include: During the course of care and services in the evening of 9/24, been made to EMS expired to report the Per interview on 10/8/13 "The hospital called s/he had passed". Find 12:59 PM ED Technoverheard a discuss Patient #1's present the symptoms were onfirmed shortly after made a call to EMS, them the patient had is routine ED policy	and met as evidenced by: and record review, the sure the patient's right to the or her clinical records were plicable patient. (Patient #1) If the investigation regarding of provided to Patient #1 on a transfer the patient's edeath to EMS personnel. Bat 11:40 AM, EMT #1 stated the rescue squad, said that are interview on 10/8/13 at accion #1 stated s/he had sion by EMS staff regarding and symptoms and whether cardiac related. S/he also are Patient #1 expired a nurse are Rescue Squad office to notify dexpired. When asked if this and procedure to make such are Technician stated it was not.	A 263	Implementation: An educational presentation entitler Safety, Communication and Privace Impact on Outcomes, which include module entitled HIPAA and the Emperatment, was developed and prostaff from the Emergency Depart (nursing, physicians, technicians are secretaries), Access Services departed and Security department. 100% of all these departments will complete training. As of October 25, 2013, the following staff have completed the training. As of October 25, 2013, the following staff have completed the test of the ED RNs: 97% (31/32) ED Physicians: 93% (14/15) ED Technicians/unit secretaries, and Security staff: 100% (18/20) The remaining two staff members a medical leave, and will not be perminer turn to duty until the training has be completed. The understanding of the education will be assessed by obtain passing score on a written or online new staff will be provided the same as a component of their orientation. Monitoring:	y: An es a ergency resented ment ind unit extment staff of this he training: re on tted to been his ning a test. All material	10/24/13 10/24/13 10/24/13 10/29/13 Ongoing	2
	maintain an effective data-driven quality a improvement progra	evelop, implement and e, ongoing, hospital-wide, issessment and performance m. ning body must ensure that		Patient confidentiality including vert communications will be monitored be Executive leadership team and the department leadership as a part of the Hospital's existing daily rounding procerrections will be provided to staff observed and provided to managers review according to the Corrective Apolicy. Any breaches identified will reported to the Privacy Officer via the Hospital's event reporting system and applications.	by the	10/21/13 Origoing	
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	AND PLAN DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETI		(X3) DATE SURVEY COMPLETED			
		470012	B. WING		C 10/08/2013	
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A 147	his or her clinical re	Y OF RECORDS right to the confidentiality of ecords.	A 147	Tag A147 (cont'd) be addressed via the Hospital police entitled Confidentiality of Informatic Corrective Action. Executive Responsible: Chief Informatic Officer.	on and	
	Based on interview hospital failed to as confidentiality of his maintained for 1 ap Findings include: During the course of care and services or the evening of 9/24 been made to EMS expired to report the Per interview on 10/8/1 "The hospital called s/he had passed". In 12:59 PM ED Tech overheard a discuss Patient #1's present	s not met as evidenced by: w and record review, the soure the patient's right to the sor her clinical records were uplicable patient. (Patient #1) of the investigation regarding not provided to Patient #1 on /13 it was reported a call had is shortly after the patient's e death to EMS personnel. 3 at 11:40 AM, EMT #1 stated if the rescue squad, said that Per interview on 10/8/13 at nician #1 stated s/he had sion by EMS staff regarding ting symptoms and whether e cardiac related. S/he also		Tag A263 Plan for Correction: Root Cause Analysis and Case Rer The Sentinel Event Oversight Tean comprised of the Chief Nursing Offi Administrative Director of Patient S Quality, Risk Manager, Chief Medic Officer, Administrative Director of th Inpatient Services Department, Pat Advocate and Medical Director of th Emergency Department, met to ensevent had been 1) reported to appr state and regulatory agencies, 2) to the hospital met its obligations for of to the patient's family, and 3) to sar root cause analysis team to investig event, determine the root causes and develop a corrective action plan to	n, cer, afety and cal ne ient ne sure the opriate o ensure fisclosure nction a gate the	
4 000	made a call to EMS them the patient ha is routine ED policy	er Patient #1 expired a nurse S/Rescue Squad office to notify d expired. When asked if this and procedure to make such		identified root causes. The RCA team completed its invest and presented its findings on Octob 2013 to the Sentinel Event Oversig	per 22,	
A 263	482.21 QAPI	D Technician stated it was not.	A 263	committee. Pursuant to the Hospit Sentinel Event procedure, the RCA and action plan will be submitted to	al's 10/29/13 findings the	
	maintain an effectiv data-driven quality improvement progr	develop, implement and re, ongoing, hospital-wide, assessment and performance am.		Administrative Safety Quality Commoctober 29, 2013. Their minutes wiforwarded to the Board Safety Qual Committee for review at the meeting scheduled on November 18, 2013, will monitor plan implementation uncompleted.	Il be Ongoing lity g which	
ij				On October 18, 2013, the Code Co performed a review of the patient's team response. The Code Commit reviews all codes to determine if the	code tee	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		470012	B. WING		C 10/08/2013	
	ROVIDER OR SUPPLIER	MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 HOSPITAL DRIVE BENNINGTON, VT 05201			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRDVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 286	hospital's organizat hospital department those services furn arrangement); and to improved health and reduction of me The hospital must revidence of its QAF. This CONDITION is Based on interview Condition of Partici and Performance Ir met due to the hospital met due to the hospital mediate interven Based on informatic findings reflect an I was determined to harm to a patient w Emergency Departs. Refer to Tags: A-28 482.21(a), (c)(2), (e) (a) Standard: Program meto, an ongoing program or an or an or an ordan or an ordan or an ordan or an ordan or an or an ordan o	s the complexity of the tion and services; involves all ts and services (including ished under contract or focuses on indicators related outcomes and the prevention edical errors. maintain and demonstrate PI program for review by CMS. Is not met as evidenced by: If and record review, the pation for Quality Assessment in movement (QA/PI) was not potal's failure to initiate tions to ensure patient safety. It can obtained the following in mediate Jeopardy situation exist as the result of actual ho sought treatment in the ment. B6 B1 (3) PATIENT SAFETY Fam Scope Lest include, but not be limited from that shows measurable icators for which there is identify and reduce Lest measure, analyze, and ient events	A 286	Tag A263 (cont'd) the ACLS standards of care. The I Director of the Emergency Departn discussed the review with the provinvolved on October 20, 2013. To prevent delays in launching a reanalysis, the Patient Safety and Qu Department established a set of int guidelines for department staff to s RCA process within 48 hours of a sreportable event. Identification of Serious Reportable Hospital policies and procedures were sufficient in establishing expeand procedures for guiding hospital personnel in responding to such eventhese policies include the Sentinel Procedure, Reporting of Unsafe Acadverse Event Policy and the guide performing a root cause analysis. 100% of staff in the Emergency Deand Access Services completed a Learning" training on "Serious Reportions and the guide performing a root cause analysis. 100% of staff in the Emergency Deand Access Services completed a Learning" training on "Serious Reportions and the guide performing a root cause analysis. Reporting Serious Adverse Events: annual mandatory education prograstaff. The module outlines how to is serious patient event, the need to immediately (during their current shall be event to a supervisor and to the Safety and Quality Department, and how to do so. Reporting Serious Adverse Events: educational campaign called "PR: & Report" was provided to 100% of Directors on Wednesday, October and Directors shall provide direct, one education with staff on this provide is documented and tracked work of sheet. To assess and validate sknowledge of this education, Directors with their direct reports.	nent ders ders ders ders ders ders ders ders	10/23/13 10/22/13 10/23/13 Ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN DF CDRRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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A 263	hospital's organiza hospital departmen those services furn arrangement); and	s the complexity of the tion and services; involves all its and services (including ished under contract or focuses on indicators related outcomes and the prevention	A 263	Tag A263 (cont'd) Revisions to the Hospital's event results system were made to provide easier reporting and more streamlined revision on this change was provided of Hospital Directors on Wed October 23, 2013. The Directors suprovide direct, one-on-one education staff on these changes, which is documented and tracked via a sign	er view. vided to Inesday, hall on with	10/22/13
	evidence of its QAF	maintain and demonstrate PI program for review by CMS.		sheet. To assess and validate staf knowledge of this education, Direct review this competency in one-on-omeetings with their direct reports.	f tors will	Ongoing
	This CONDITION is not met as evidenced by: Based on interview and record review, the Condition of Participation for Quality Assessment and Performance Improvement (QA/PI) was not met due to the hospital's failure to initiate			Implementation: The Hospital's Reporting of Unsafe Acts Policy, Adverse Event Policy, Sentinel Event Procedure and Event and Quality Reporting		10/22/13
	immediate interven Based on informati- findings reflect an I	tions to ensure patient safety. on obtained the following mmediate Jeopardy situation		Policy were revised. Education on policy changes was provided to 100 Hospital Directors on Wednesday, 23, 2013. The Directors shall provi	the 0% of October	10/23/13 Ongoing
		exist as the result of actual ho sought treatment in the ment.		one-on-one education with staff on changes to the policies, which is documented and tracked via a sign sheet. To assess and validate staf	the -off	3 -
A 286	Refer to Tags: A-28 482.21(a), (c)(2), (e	36 3)(3) PATIENT SAFETY	A 286	knowledge of this education, Direct review this competency in one-on-o meetings with their direct reports.		
	to, an ongoing prog improvement in ind evidence that it will medical errors.	ust include, but not be limited gram that shows measurable icators for which there is identify and reduce ast measure, analyze, and ident events		All Directors, Clinical Coordinators, Designees participated in an educa campaign called "PR: Prevent & Rereview identification and reporting requirements as well as requirement taking immediate action to assure pasfety within the unit and throughout hospital as soon as an event occurs October 25, 2013, 97% (87/90) Direction Clinical Coordinators and Designees been trained; the remaining three at the area or on medical leave and with permitted to return to duty until the competency has been completed.	eport" to nts for patient ut the s. As of ectors, es have ire out of	10/25/13
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE: COMPI COMPI		
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	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201		
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A 263	hospital's organizationspital departmenthose services furnarrangement); and	s the complexity of the tion and services; involves all ts and services (including ished under contract or focuses on indicators related outcomes and the prevention	A 263	Tag A263 (cont'd) The understanding and competence education was assessed by obtaining passing score on a written test; any members who did not pass the test trained and tested again to demonst they understand the policy changes was documented and tracked via a sheet.	ng a / staff / were re- strate s. This	10/25/13
The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. This CONDITION is not met as evidenced by: Based on interview and record review, the Condition of Participation for Quality Assessment and Performance Improvement (QA/PI) was not met due to the hospital's failure to initiate immediate interventions to ensure patient safety. Based on information obtained the following findings reflect an Immediate Jeopardy situation was determined to exist as the result of actual harm to a patient who sought treatment in the Emergency Department. Refer to Tags: A-286 482.21(a), (c)(2), (e)(3) PATIENT SAFETY (a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will identify and reduce medical errors. (2) The hospital must measure, analyze, and trackadverse patient events		the Directors and Clinical Coordinators hall provide direct, one-on-one education with their staff on this campaign. To assess and validate staff understanding of this ducation, Directors and Clinical coordinators will review this competency in ne-on-one meetings with their direct eports.		Ongoing		
	met due to the hos immediate interven Based on informati findings reflect an I was determined to harm to a patient w Emergency Depart	spital's failure to initiate ntions to ensure patient safety. ion obtained the following Immediate Jeopardy situation exist as the result of actual who sought treatment in the tment.	A 286	The Patient Safety and Quality Depestablished a set of guidelines and checklist to ensure that a Root Cau Analysis is initiated within 48 hours serious reportable event. The guide and checklist will be used internally individual in the department who is alerted to the fact that a serious repevent has occurred. Included in the guidelines is a check-off to convene	a se of a elines by the first cortable	10/23/13
	(a) Standard: Program model (1) The program model (1) The program model (2) The program model (2) The hospital model (2) The hospital model (1) The hospital (1)	ram Scope ust include, but not be limited gram that shows measurable icators for which there is identify and reduce ast measure, analyze, and ient events		Sentinel Event Oversight Team with hours of learning of an adverse ever Quality Department staff were educated the change and the expectation on October 23, 2013. The checklist was attached to the Adverse Event Polici Root Cause Analysis form. An educational presentation entitled Safety, Communication and Privacy Impact on Outcomes was developed presented to staff from the Emerge Department (nursing, technicians, upper part to the policy of the presented to staff from the Emerge Department (nursing, technicians, upper part to the policy of the presented to staff from the Emerge Department (nursing, technicians, upper part to the policy of the privacy of the	ent. cated on as cy and d Patient y: An ed and ncy unit	10/24/13
				secretaries and physicians), Access Services department and the Secui		

	T OF DEFICIENCIES OF CORRECTION	DRRECTION IDENTIFICATION NUMBER: A. BUILDING CON		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 Hospital Drive Ennington, VT 05201	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A 286	hospital's organizat hospital department those services furn arrangement); and to improved health and reduction of me The hospital must revidence of its QAF. This CONDITION is Based on interview Condition of Partici and Performance Ir met due to the hospimmediate interven Based on informatic findings reflect an It was determined to harm to a patient w Emergency Departs. Refer to Tags: A-28 482.21(a), (c)(2), (e) (a) Standard: Program me to, an ongoing program of the program of	s the complexity of the tion and services; involves all ts and services (including ished under contract or focuses on indicators related outcomes and the prevention edical errors. maintain and demonstrate PI program for review by CMS. Is not met as evidenced by: Is and record review, the pation for Quality Assessment improvement (QA/PI) was not obtail's failure to initiate tions to ensure patient safety. In obtained the following immediate Jeopardy situation exist as the result of actual ho sought treatment in the ment. B6 B)(3) PATIENT SAFETY Tam Scope List include, but not be limited from that shows measurable icators for which there is identify and reduce List measure, analyze, and lient events	A 286	Tag A263 (cont'd) department. The specific modules presented, as reflected in the Communication and Education Plat Culture of Safety, Communicating of Outcomes, HIPAA and the Emerge Department, and Delivery of Care of Patient Rights were Compromised. education focused directly on patient to safe care and how each employed and must live the Hospital's Culture Safety (C.A.R.I.N.G.). The session included experiential learning opposmall group work and a frank and discussion of the specific patient exissue. Monitoring: To better identify potential adverse the Administrative Director of Patient and Quality (or designee) will conduct each business day (weekends and will be reviewed on the next busine monitoring of the following events to that there are no failures to report extends the interest of the part and Emergent Operating add-ons unplanned ICU admissions unplanned ICU admissions deaths in the hospital and Emergent Department Beginning on October 28, 2013, all above will be reviewed to ensure the reporting requirements were met an immediate action was taken to previous patient harm. In addition, the Admin Director of Patient Safety and Qualidesignee) will notify managers with business day of deviations that requirements. Directors of reminded to investigate to determinimmediate corrective actions are reminded to investigate to determinimm	n, are for ency when This nts' right ee can e of as rtunities, lirect vent at events, nt Safety uct on holidays ss day) o ensure events: room gency of the nat nd that vent nistrative ity (or in one uire n about vill be ie if quired.
		•		The results of this monitoring will be reported to the Administrative Safet Committee each quarter, which min reported to and reviewed by the Bo Safety Quality Committee.	ty Quality nutes are

	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDINGCOMPLE		(X3) DATE SURVEY COMPLETED	
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A 286	hospital's organizationspital department those services furnarrangement); and to improved health and reduction of me The hospital must revidence of its QAF. This CONDITION is Based on interview Condition of Particiand Performance Ir met due to the hospital must interven Based on informatifindings reflect an It was determined to harm to a patient w Emergency Departicular Refer to Tags: A-28 482.21(a), (c)(2), (e) (a) Standard: Program meto, an ongoing program revidence that it will medical errors.	is the complexity of the ion and services; involves all ts and services (including ished under contract or focuses on indicators related outcomes and the prevention edical errors. Inaintain and demonstrate Program for review by CMS. Is not met as evidenced by: It and record review, the pation for Quality Assessment inprovement (QA/PI) was not bottal's failure to initiate tions to ensure patient safety. In obtained the following immediate Jeopardy situation exist as the result of actual ho sought treatment in the ment. In am Scope ust include, but not be limited from that shows measurable icators for which there is identify and reduce st measure, analyze, and	A 286	Tag A263 (cont'd) The Administrative Director of Patie and Quality (or designee) will perfor reviews of all patient-related event of for compliance with state and feder reporting requirements, that immed action was taken to prevent patient that an RCA was initiated within 48 and that correction, reporting and reducation is provided to staff when deviations are identified. The result monitoring will be reported to the Administrative Safety Quality Commeach quarter, which minutes are repand reviewed by the Board Safety Committee. Executive Responsible: Chief Medio Officer. Tag A 286 Note: Please accept the response to 263 in response to Tag 286, repeate below. Plan for Correction: Root Cause Analysis and Case Revented The Sentinel Event Oversight Team comprised of the Chief Nursing Office, Administrative Director of Patient Sa Quality, Risk Manager, Chief Medic Officer, Administrative Director of the Inpatient Services Department, Patie Advocate and Medical Director of the Emergency Department, met to ensevent had been 1) reported to approstate and regulatory agencies, 2) to the hospital met its obligations for dot the patient's family, and 3) to san root cause analysis team to investig event, determine the root causes are	rem daily reports al iate harm, hours emedial its of this nittee corted to Quality ical its of al iate iate iate iate iate iate iate ent iate ensure isclosure iate the part of a late the iate iate iate iate iate iate iate iat
	(c) Program Activiti	es		develop a corrective action plan to a identified root causes. The RCA team completed its investi	
				and presented its findings on Octob 2013 to the Sentinel Event Oversigh committee. Pursuant to the Hospita Sentinel Event procedure, the RCA	er 22, ht ll's 10/29/13

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A 286	(2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital. (e) Executive Responsibilities, The hospital's		A 286	Tag A286 (cont'd) and action plan will be submitted to Administrative Safety Quality Comr October 29, 2013. Their minutes wi forwarded to the Board Safety Qua Committee for review at the meetin scheduled on November 18, 2013, will monitor plan implementation un completed.	mittee on Ill be Ongoing Iity g which
governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: (3) That clear expectations for safety are established.			On October 18, 2013, the Code Coperformed a review of the patient's team response. The Code Commit reviews all codes to determine if the ACLS standards of care. The Director of the Emergency Department of the Code Commit the ACLS and the Emergency Department of the Emergency Depart	code tee ey met Medical nent	
	Based on staff inte hospital QA/PI prog timely preventative safety throughout the	s not met as evidenced by: rview and record review, the gram failed to implement actions to assure patient ne hospital after an adverse		To prevent delays in launching a ro analysis, the Patient Safety and Qu Department established a set of int guidelines for department staff to st RCA process within 48 hours of a streportable event.	eality ernal eart the erious
	Per interview on 10 Administrative Directly Confirmed the made aware on 10/event which occurred when 2 RN's employindifference and nethospital employee to the ED demonstrate Both nurses failed to the second secon	ccurred involving 1 applicable) Findings include: /7/13 at 9:55 AM, the ctor for Patient Safety and ne Administrative staff was 1/13 of an adverse patient ed on the night of 9/24/13 oyed in the ED demonstrated glect when notified by a that a newly admitted patient eated a change in condition. To respond when alerted the ead and demonstrated		Identification of Serious Reportable Hospital policies and procedures we reviewed and revised to assure that were sufficient in establishing experience and procedures for guiding hospital personnel in responding to such every These policies include the Sentinel Procedure, Reporting of Unsafe Active Adverse Event Policy and the guide performing a root cause analysis. 100% of staff in the Emergency Depart Access Services completed a "Learning" training on "Serious Report Events". This same module is part of the staff in the Emergency Department of the Emerg	ere 10/22/13 t they ctations ents. Event ts Policy, e for 10/24/13 Partment Net ortable of the
	disregard for the pa	tient's emergent needs and bing the patient as" playing		annual mandatory education progra staff. The module outlines how to it serious patient event, the need to Immediately (during their current share report the event to a supervisor and Patient Safety and Quality Departmatips on how to do so.	dentify a lift) I to the

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NUMBER: A. BUILDING COMPLE		(X3) DATE SURVEY COMPLETED
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A 286	possum". Upon lea which included the hospital administra suspension. An inv	ontinued From page 15 continued From page 15 A 286 Reporting Serious Adverse Events: A educational campaign called "PR: Presented Expension of the patient, the continued form of the patient, the continued From page 15 A 286 Reporting Serious Adverse Events: A educational campaign called "PR: Presented Expension of the patient, the continued From page 15 A 286 Reporting Serious Adverse Events: A educational campaign called "PR: Presented Expension of the event was a provided to 100% of Hot Directors on Wednesday, October 23, The Directors shall provide direct, one one education with staff on this programment.		Prevent Hospital 23, 2013. one-on-	
	initiated with interviews conducted of staff working on the night of 9/24/13. Per interview on 10/7/13 at 10:50 AM the Administrative Director for Inpatient Services confirmed the ED Nurse Manager had not begun any general discussions with staff regarding the incident or expectations regarding patient safety, care and services or patient rights. When the surveyor sought assurance that the hospital has implemented preventive actions and mechanisms that include feedback and learning throughout the hospital in order to prevent a similar incident from occurring, the Clinical Nurse Specialist for the ED stated on 10/7/13 at 10:56 AM since the adverse event "We have not done anything different. We provide quality care in the ED on a daily basisif there are issues they are addressed, as this will be". However, the Clinical Nurse Specialist, who was also acting as ED Nurse Manager due to illness of the designated Nurse Manager, had not			which is documented and tracked voff sheet. To assess and validate sknowledge of this education, Direct review this competency in one-on-omeetings with their direct reports.	via a sign- staff Ongoing ors will
				Revisions to the Hospital's event re system were made to provide easie reporting and more streamlined rev Education on this change was prov 100% of Hospital Directors on Wed	er iew. ided to
				October 23, 2013. The Directors st provide direct, one-on-one education staff on these changes, which is documented and tracked via a signisheet. To assess and validate staff knowledge of this education, Direct review this competency in one-on-omeetings with their direct reports.	hall Ongoing on with -off f ors will
		1's ED record to identify any		The Hospital's Reporting of Unsafe Policy, Adverse Event Policy, Senti Procedure and Event and Quality R	nel Event
	expedient action in	s regarding implementing response to the adverse also reviewed by the surveyor		Policy were revised. Education on policy changes was provided to 100 Hospital Directors on Wednesday, 0	the 10/23/13 0% of
	on 10/8/13. Per interview on 10/8/13 at 9:08 AM the Administrative Director - Compliance Officer, Administrative Director Inpatient Services and ED Clinical Nurse Specialist, confirmed nursing staff had still not been "spoken to" nor preventive actions identified and implemented. The internal investigation was continuing, however a Root Cause Analysis had been postponed due to the surveyors arrival and a review of the code in the 23, 2013. The Director one-on-one education changes to the policies documented and track sheet. To assess and knowledge of this education review this competence meetings with their directors, Clinical Company of the code in the policies documented and track sheet. To assess and knowledge of this education review this competence meetings with their directors, Clinical Company of the code in the policies documented and track sheet. To assess and knowledge of this education review this competence meetings with their directors, Clinical Company of the code in the policies documented and track sheet. To assess and knowledge of this education review this competence meetings with their directors, Clinical Company of the code in the policies documented and track sheet. To assess and knowledge of this education review this competence meetings with their directors, Clinical Company of the code in the policies documented and track sheet. To assess and knowledge of this education review this competence meetings with their directors.		23, 2013. The Directors shall provione-on-one education with staff on changes to the policies, which is documented and tracked via a sign sheet. To assess and validate staff knowledge of this education, Direct review this competency in one-on-omeetings with their direct reports. All Directors, Clinical Coordinators, Designees participated in an educa campaign called "PR: Prevent & Rereview identification and reporting requirements as well as requirements."	the -off f ors will one 10/25/13 tional eport" to	
1				taking immediate action to assure p	atient

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A 286	Code Committee. Per interview on 10 Administrative Diresubsequently repor	not been reviewed by the 0/8/13 at 4:30 PM, the ctor- Compliance Officer ted that as of the afternoon of	A 286	Tab A286 (cont'd) safety within the unit and throughout hospital as soon as an event occurs. As of October 25, 2013, 97% (87/96) Directors, Clinical Coordinators and Designees have been trained; their three are out of the area or on mediand will not be permitted to return to until the competency has been com	s. D) I remaining ical leave o duty	
	adverse patient ever surveyors, communing staff. The A Outpatient Services counseling, increase the "Culture of Safe accountability. A nutranspired and med	rsing leadership meeting had hanisms were being put in		The understanding and competency education was assessed by obtaining passing score on a written test; any members who did not pass the test trained and tested again to demons they understand the policy changes. This was be documented and tracks sign-off sheet.	ng a staff were re- strate	
A 385	service that provide The nursing service supervised by a reg	SERVICES have an organized nursing es 24-hour nursing services. es must be furnished or	A 385	The Directors and Clinical Coordina shall provide direct, one-on-one eduction with their staff on this campaign. To and validate staff understanding of education, Directors and Clinical Coordinators will review this compe one-on-one meetings with their dire reports.	ucation b assess this tency in	
	Based on staff inter Condition of Participals evidenced by the maintain standards provision of care an notified of a change Based on information findings reflect an Inwas determined to harm to a patient we mergency Departs.	erview and record review the pation: Nursing was not met e failure of Nursing staff to of nursing practice during the not failed to respond when e in a patient's condition. On obtained the following mmediate Jeopardy situation exist as the result of actual ho sought treatment in the		The Patient Safety and Quality Dep established a set of guidelines and checklist to ensure that a Root Causanalysis is initiated within 48 hours serious reportable event. The guide and checklist will be used internally individual in the department who is alerted to the fact that a serious repevent has occurred. Included in the guidelines is a check-off to convene Sentinel Event Oversight Team with hours of learning of an adverse eve Quality Department staff were educated to the change and the expectation on October 23, 2013. The checklist was attached to the Adverse Event Policing and the expectation on Root Cause Analysis form.	a se of a lines by the first cortable se the nin 48 nt. ated on sy and	
				An educational presentation entitled Safety, Communication and Privacy Impact on Outcomes was developed presented to staff from the Emerger	r: An d and	

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A 385	Per interview on 10 Administrative Dires subsequently report 10/7/13, 7 days sing adverse patient ever surveyors, community staff. The A Outpatient Services counseling, increase the "Culture of Safe accountability. A nutranspired and mediplace and "action per 482.23 NURSING Service that provide The nursing service supervised by a regent to the service of Partician evidenced by the maintain standards provision of care are notified of a change Based on informatic findings reflect an I was determined to harm to a patient we the Emergency Departs.	not been reviewed by the //8/13 at 4:30 PM, the ctor- Compliance Officer ted that as of the afternoon of ce being made aware of the ent and after the arrival of nication had now begun with administrative Director of s had initiated individual ing staff awareness regarding ety" and ensuring ursing leadership meeting had thanisms were being put in lans" formulated. SERVICES have an organized nursing es 24-hour nursing services. es must be furnished or gistered nurse. Is not met as evidenced by: review and record review the pation: Nursing was not met the failure of Nursing staff to of nursing practice during the action of a patient's condition. In on obtained the following mmediate Jeopardy situation exist as the result of actual the sought treatment in the	A 385	Tag A286 (cont'd) Department (nursing, technicians, usecretaries and physicians), Access Services department and the Secundepartment. The specific modules presented, as reflected in the Communication and Education Plan Culture of Safety, Communicating for Outcomes, HIPAA and the Emerge Department, and Delivery of Care of Patient Rights were Compromised. education focused directly on patient to safe care and how each employed and must live the Hospital's Culture Safety (C.A.R.I.N.G.). The session included experiential learning oppois small group work and a frank and discussion of the specific patient evissue. Monitoring: To better identify potential adverse the Administrative Director of Patient and Quality (or designee) will conduce each business day (weekends and will be reviewed on the next businesmonitoring of the following events to that there are no failures to report eviado-ons urgent and emergent operating in add-ons urgent and	an, are or oncy when This of secan of setunities, irect eent at events, ot Safety uct on cholidays se day) or ensure vents: coom gency of the at de that ent nistrative ty (or on one uire on about will be ee if quired. ey Quality	10/28/13 Ongoing	

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A 385	Per interview on 10 Administrative Dire subsequently report 10/7/13, 7 days sin adverse patient ever surveyors, community staff. The A Outpatient Services counseling, increase the "Culture of Safe accountability. A nutranspired and mediplace and "action publication and the place and "action publication and the service that provides The nursing service supervised by a regular to the publication of Particial as evidenced by the maintain standards provision of care and the publication of care and the publication of the publ	not been reviewed by the 1/8/13 at 4:30 PM, the ctor- Compliance Officer ted that as of the afternoon of ce being made aware of the ent and after the arrival of nication had now begun with Administrative Director of s had initiated individual sing staff awareness regarding ety" and ensuring ursing leadership meeting had chanisms were being put in lans" formulated. SERVICES have an organized nursing es 24-hour nursing services. es must be furnished or gistered nurse. Is not met as evidenced by: erview and record review the pation: Nursing was not met te failure of Nursing staff to of nursing practice during the not failed to respond when e in a patient's condition. on obtained the following mmediate Jeopardy situation exist as the result of actual the sought treatment in the	A 385	Tag A286 (cont'd) reported to and reviewed by the Bo Safety Quality Committee. The Administrative Director of Patie and Quality (or designee) will perforeviews of all adverse events for cowith state and federal reporting requirements, that immediate action taken to prevent patient harm, that was initiated within 48 hours and the correction, reporting and remediate is provided to staff when deviations identified. The results of this monitibe reported to the Administrative Scauality Committee each quarter, which minutes are reported to and review Board Safety Quality Committee. Executive Responsible: Chief Med Officer. Tag A 385 Plan for Correction: In response to learning of this incide two nurses involved in the care of the patient were removed from the profurther care and have subsequently terminated. A report to the Vermon of Nursing has been filed. The ove the nursing services in the Emergen Department was restructured to proadditional layer of oversight and lear resources available 24-hours per dimmediately ensure patient safety in Emergency Department, a schedule supervision in the ED by nursing station leadership skills was implement addition, all staff members involved way with this incident are undergoin performance review with determinate action plans. The ED charge nurse ("Designee") RN performance expectations were to reflect responsibility for immediation response to a change in patient corand report of inappropriate or unprofessional behavior. The expet for the ED charge nurse ("Designee") reports of the ED charge nurse	ent Safety rm daily ompliance in was an RCA at education are oring will afety hich ed by the ical ent, the he vision of y been at Board rsight of ncy ovide an adership ay. To in the e of aff with hented. Yed in any ing a attion of and ED a revised te indition ectations 10/10/13

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A 286	Continued From pa ED on 9/24/13 had Code Committee.	ige 16 not been reviewed by the	A	286	Tag A385 (cont'd) the Clinical Coordinator were also reflect an increased leadership respand new reporting line.		
	Administrative Dire subsequently report 10/7/13, 7 days sin adverse patient even surveyors, community of the surveyors.	n/8/13 at 4:30 PM, the ctor- Compliance Officer ted that as of the afternoon of ce being made aware of the ent and after the arrival of nication had now begun with	i		The Hospital policy entitled Triage I Roles and Responsibilities was revi require that patients arriving on oxy and/or cardiac monitoring have the continued until the physician evalua- been completed.	sed to gen se	10/20/13
A 385	Outpatient Services counseling, increase the "Culture of Safe accountability. A nutranspired and mediace and "action p 482.23 NURSING." The hospital must be service that provide	ursing leadership meeting had chanisms were being put in lans" formulated. SERVICES have an organized nursing es 24-hour nursing services. es must be furnished or	A	385	The Hospital has modified its electric medical record to provide a new standardized template for taking an documenting handoffs ("handovers' Emergency Medical Services ("EMS members to the triage nurse in the Emergency Department. This new ensures that all essential elements EMS to triage nurse transfer of care obtained and addressed as well as documented. Completion of this ten required in 100% of patients who an EMS.	d ') from 5") template of an e will be	10/23/13
	Based on staff inter- Condition of Particities as evidenced by the maintain standards provision of care are notified of a change Based on information of the standard standard findings reflect and was determined to	s not met as evidenced by: erview and record review the pation: Nursing was not met e failure of Nursing staff to of nursing practice during the and failed to respond when e in a patient's condition. on obtained the following mmediate Jeopardy situation exist as the result of actual			The Hospital policies entitled Delive Care and Nursing Responsibilities versised to better maintain standards nursing practice during the provision and to include a new provision requipatients be reassessed for any report	vere s of n of care liring that orted s:	10/20/13
	harm to a patient w Emergency Depart	ho sought treatment in the ment.			Nursing Director was placed into the effective October 9, 2013.		10,00,10
		se the nursing care for each evaluate the care for each			The oversight path for the Emerge Department nursing service was characteristic reassign that service line to the Administrative Director of Inpatient (removing the former Administrative of Outpatient Services from this over	anged to Services Director ersight	10/09/13
					responsibility). A new level of overs over the ED charge nurse ("Designe created; the Clinical Coordinators n	ee") was	10/09/13

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A 385	Per interview on 10 Administrative Direct subsequently report 10/7/13, 7 days sind adverse patient ever surveyors, community of the ADMINISTRATE Outpatient Services counseling, increased the "Culture of Safe accountability. A nutranspired and mechanism of the nursing service place and "action place	not been reviewed by the /8/13 at 4:30 PM, the ctor- Compliance Officer ted that as of the afternoon of ce being made aware of the ent and after the arrival of nication had now begun with dministrative Director of had initiated individual ing staff awareness regarding rity" and ensuring rsing leadership meeting had hanisms were being put in ans" formulated. SERVICES ave an organized nursing s 24-hour nursing services. s must be furnished or istered nurse. not met as evidenced by: view and record review the ration: Nursing was not met efailure of Nursing staff to of nursing practice during the d failed to respond when in a patient's condition. In obtained the following mediate Jeopardy situation exist as the result of actual to sought treatment in the ment. e the nursing care for each evaluate the care for each	A 385	Tag A385 (cont'd) global oversight of all nursing responsibility for includes oversight of the ED Designee when the Department learnot present. • The ED charge nurse ("Designee ED RN job descriptions were revise reflect their responsibility for immediate and reporting all inappropriate or unprofessional behavior; all new job descriptions will be reviewed and sithe staff member. • The new job descriptions for the Nursing Director, Administrative Dir Inpatient Services and Clinical Coohave been revised to reflect their in leadership responsibility and report all will be reviewed and signed by the member. • All these individuals will be assess against these new criteria at the timannual review pursuant to Hospital • Nursing leadership and the Hospithuman Resources Director have coar review of the performance of all sinvolved in this patient's care (eithe or through supervision). Corrective will be completed pursuant to the Horrective Action policy and docum the personnel records of all staff. Policy/practice changes: The ED Clinical Nurse Specialist (or designated RN) and have provided one-on-one education with staff on changes to the following policies: Thurse Roles and Responsibilities, Ed Care and Nursing Responsibilities, Ed Care and Respon	ader is and ader	10/10/13 10/29/13 10/29/13 Ongoing 10/22/13 10/29/13

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A 286	Code Committee.	not been reviewed by the	A 286	Tag A385 (cont'd) one RN on medical leave who will r permitted to return to duty until the has been completed.	
	Administrative Directly subsequently repor	0/8/13 at 4:30 PM, the ctor- Compliance Officer ted that as of the afternoon of ce being made aware of the	:	The understanding of this education assessed by obtaining a passing so written or online test.	
A 385	adverse patient ever surveyors, commun nursing staff. The A Outpatient Services counseling, increase the "Culture of Safe accountability. A nu	ent and after the arrival of nication had now begun with Administrative Director of shad initiated individual sing staff awareness regarding ety" and ensuring ursing leadership meeting had chanisms were being put in lans" formulated.	A 385	The ED charge nurses ("Designees provide timely oversight of general care and in particular, treatment of arrivals by Emergency Medical Sensquads, for compliance with nursing standards of practice. The Designer provide direct in-person correction on noncompliance and refer it to the El Director to be addressed in conjunctive Corrective Action policy.	nursing patient vices g care e will of any
	service that provide	nave an organized nursing es 24-hour nursing services. es must be furnished or gistered nurse.		The Clinical Coordinator will round of shift with the ED charge nurse ("Deto assess at risk patient populations compliance with reporting where included adequacy of resources.	signee")
	Based on staff inte Condition of Particil as evidenced by the maintain standards provision of care an notified of a change Based on informatic findings reflect an li- was determined to	s not met as evidenced by: erview and record review the pation: Nursing was not met e failure of Nursing staff to of nursing practice during the nd failed to respond when e in a patient's condition. on obtained the following mmediate Jeopardy situation exist as the result of actual tho sought treatment in the ment.		Monitoring: Hospital leadership will conduct reg one-on-one meetings ("rounding on with all charge nurses ("Designees" Clinical Coordinators, ED Director/N and Administrative Director of Inpat Services to assess their competencincreased roles. Any lack of unders noncompliance or performance issuidentified will be immediately and diaddressed with the staff member the Hospital's Corrective Action political and the control of their control of thei	staff")), flanager ient y in their standing, nes rectly rough
		se the nursing care for each evaluate the care for each		designated RN) will conduct chart a 100% of Emergency Department pa encounters to validate compliance validate, Delivery of Care and Nursin Responsibilities policies, specifically reviewing adequacy of response to the requirement that the assessment nurse be conducted at the bedside and the second conducted at the second conducted at the second conducted at the second conducted at the second conducted c	udits of atient vith the g / pain and nt by the

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	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 Hospital Drive Ennington, VT 05201	
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A 385	an ongoing basis in standards of nursin Evaluation would in care needs, patient as well as the patien Refer to A-0115, 0482.23(b)(3) RN SI CARE A registered nurse he nursing care for This STANDARD is Based on staff intenursing staff failed patient upon admis Department and who would be standard to the standard to th	sion and when appropriate on accordance with accepted g practice and hospital policy. Include assessing the patient's the health status/conditioning, ent's response to interventions. 131; 0144; 0145; 0147; 0395 JPERVISION OF NURSING	A 385	Tag A385 (cont'd) include a physical examination. The will also review the completion of the handoff ("handover") protocol, which includes continuation of cardiac most and oxygen on patient arrivals by Emergency Medical Services square monitoring will occur each business (with weekend encounters reviewed following Monday) for a period of at ninety days, the results of which will assessed as part of the Hospital's Coprogram. The reviewer will notify the department manager of any deviation identified for immediate follow up, results of this monitoring will be repute Administrative Safety Quality Comonthly, which minutes are reported reviewed by the Board Safety Quality Committee. The ED nursing leadership or other designated RN will conduct chart and signated the complete of the conduct chart and signated signated signated the complete of the conduct chart and signated signated signated signated the complete of the conduct chart and signated si	ne EMS h solitoring ds. This ds day d on the t least li be QA/Pl ne ons The corted to committee d to and lity 10/28/13
	nursing practice an applicable patient. On the night of 9/24 work in the ED demonstruction when notified by a admitted patient to change in condition respond when alert and demonstrated emergent needs are patient as" playing	d hospital policy for 1 (Patient #1) Findings include: 4/13 2 nurses assigned to rated indifference and neglect hospital employee that a newly the ED demonstrated a Both nurses failed to red the patient appeared dead disregard for the patient's and condition by describing the		100% of Emergency Department partivals by EMS squads to validate completion of the electronic docume of the handoff ("handover"). This mill occur each business day (with vencounters reviewed on the followir Monday) for a period of at least nine the results of which will be assesse of the Hospital's QA/PI program. The reviewer will notify the department of any deviations identified for immerfollow up. The results of this monitobe reported to the Administrative Sa Quality Committee, which minutes a reported to and reviewed by the Boundarian services.	atient for entation nonitoring weekend ng ety days, d as part he Ongoing manager ediate oring will afety are
	revised 01/10 which staff states : "The sign practice involves the	n pertains to the ED nursing acope of emergency nursing assessment, analysis, outcome identification,		Patients with three or more visits over last 60 days will be identified via a contemport and the ED nursing leadersh other designated RN) will conduct of audits of 100% of such encounters assure that nursing standards of prowere met. This monitoring will occubusiness day (with weekend encounterviewed on the following Monday) period of at least ninety days, the results will be supported to the support of the	daily ip (or chart to actice or each nters for a

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		470012	B. WING		10/08/2013
	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 0 HOSPITAL DRIVE ENNINGTON, VT 05201	
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A 385	an ongoing basis in standards of nursin Evaluation would in care needs, patient as well as the patie	ge 17 sion and when appropriate on accordance with accepted g practice and hospital policy. Include assessing the patient's shealth status/conditioning, int's response to interventions.	A 385	Tag A385 (cont'd) which will be assessed as part of th Hospital's QA/PI program. The revi notify the department manager of a deviations identified for immediate f The results of this monitoring will be reported to the Administrative Safet Committee monthly, which minutes reported to and reviewed by the Bos Safety Quality Committee.	iewer will Ongoing ny follow up. e Ongoing ty Quality are
A 395	A registered nurse he nursing care for This STANDARD is Based on staff intenursing staff failed patient upon admis Department and who basis in accordance nursing practice an applicable patient. On the night of 9/24 work in the ED demonstruction when notified by a admitted patient to	JPERVISION OF NURSING must supervise and evaluate	A 395	Executive Responsible: Chief Nurs Officer. Tag A 395 Note: Please accept the response to 385 in response to Tag 395, repeate below. Background information: The Hospital acknowledges the care deficiencies that were cited but note the Statement of Deficiencies (page 27), it is stated that Nurse #3 described the patient's pulfaint". Respectfully, the Hospital rethat Nurse #3 has confirmed that it is her/his recollection that the patient's pulse was "faint"; rather, it is her/his recollection upon entering bay #11 glancing at the patient that s/he belighted the patient was deceased, which recalls was confirmed by her/his phyexam of the patient.	to Tag ed 10/17/13 e es that in e 22 of else as eports is not s and eeved ch s/he
	and demonstrated of emergent needs an patient as" playing Per hospital policy revised 01/10 which staff states: "The spractice involves the	ed the patient appeared dead disregard for the patient's ad condition by describing the possum". Nursing Responsibilities a pertains to the ED nursing cope of emergency nursing e assessment, analysis, butcome identification,		Plan for Correction: In response to learning of this incide two nurses involved in the care of the patient were removed from the proving further care and have subsequently terminated. A report to the Vermon of Nursing has been filed. The over the nursing services in the Emerger Department was restructured to proadditional layer of oversight and lear resources available 24-hours per daimmediately ensure patient safety in Emergency Department, a schedule supervision in the ED by nursing statements.	rision of been t Board 10/15/13 rsight of 10/09/13 ncy vide an dership ay. To 10/07/13 n the e of aff with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		470012	B. WING		_	8/2013
	RDVIDER OR SUPPLIER	T MEDICAL CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201		
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A 395	evaluation of huma actual or potential,	age 18 Intation of interventions, and in responses to perceived, sudden or urgent, physical or ems that are primarily episodic	A 395	Tag A395 In addition, all staff members involved way with this incident are undergois performance review with determination plans.	nga	10/28/13
	or acute, and which These may require measures; patient, education; appropr	h occur in a variety of settings. minimal care to life-support family, and significant other iate referral and discharge vledge of legal implications"		The ED charge nurse ("Designee") RN performance expectations were to reflect responsibility for immedia response to a change in patient co and report of inappropriate or	e revised te	10/10/13
	Emergency Nurses Emergency Nursin Per Vermont Title 2	s Association Scope of g practice. (July, 1999) 26: Professions and		unprofessional behavior. The experior the ED charge nurse ("Designethe Clinical Coordinator were also reflect an increased leadership resand new reporting line.	e") and revised to	10/10/13
	nursing" means the includes: (A) Asses individuals and groeffective nursing caindirectly (I) Evaluations; (L) C	oter 28: Nursing "Registered practice of nursing which esing the health status of ups; (H) Maintaining safe and are rendered directly or ating responses to collaborating with other health are management of health care		The Hospital policy entitled Triage Roles and Responsibilities was rev require that patients arriving on oxy and/or cardiac monitoring have the continued until the physician evaluates the completed.	ised to /gen se	10/20/13
	and (M) Addressing However, per recording ambulance to the (ED) on 9/24/13 at co-morbidities to in			The Hospital has modified its electromedical record to provide a new standardized template for taking ar documenting handoffs ("handovers Emergency Medical Services ("EM: members to the triage nurse in the Emergency Department. This new	nd ") from S") template	10/23/13
	End Stage Renal E dialysis treatments asthma, obesity, hy disorder. Per Emer (EMS)/Rescue Squ for 9/24/13 at 22:30	Disease (ESRD) requiring 3 x per wk; sleep apnea; Apothyroidism and Bipolar Gency Medical Services Lad "Prehospital Care Report" D, Patient #1 was complaining		ensures that all essential elements EMS to triage nurse transfer of card obtained and addressed as well as documented. Completion of this te required in 100% of patients who a EMS.	e will be mplate is	10/20/13
	occurred on 9/14/1 injection. The report observed to have "	n, relating it to a fall which 3 and a recent cortisone rt also noted Patient #1 wasdry heavescomplained of e is short of breathstarting to		The Hospital policies entitled Delive Care and Nursing Responsibilities revised to better maintain standard nursing practice during the provisio and to include a new provision requestients be reassessed for any repethange in condition.	were s of n of care uiring that	
				Implementation: Management and oversight change • A new Emergency Department (E		10/09/13
FORM CMS-2	567(02-99) Previous Versio	ns Obsolete Event ID: ZTI811	Facilit	y ID: 470012	continuation sh	eet Page 19 of 27

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		470012	B. WING	-	C 10/08/2013	
	RDVIDER OR SUPPLIER VESTERN VERMON	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CDDE 00 HOSPITAL DRIVE ENNINGTON, VT 05201		
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A 395	evaluation of huma actual or potential, psychosocial problem or acute, and which These may require measures; patient, education; appropriation planning; and known Emergency Nurses Emergency Nursing Per Vermont Title 2 Occupations, Chapnursing means the includes: (A) Assess individuals and groeffective nursing caindirectly (I) Evaluation interventions; (L) C professionals in the and (M) Addressing However, per recorvia ambulance to the (ED) on 9/24/13 at co-morbidities to immellitus; Epilepsy we End Stage Renal Didialysis treatments asthma, obesity, hydisorder. Per Emer (EMS)/Rescue Squifor 9/24/13 at 22:30 of severe back pair occurred on 9/14/13 injection. The report observed to have "	ntation of interventions, and n responses to perceived, sudden or urgent, physical or ems that are primarily episodic n occur in a variety of settings. minimal care to life-support family, and significant other liate referral and discharge vledge of legal implications" (Association Scope of g practice. (July, 1999) 26: Professions and leter 28: Nursing "Registered expractice of nursing which lesing the health status of laborating with other health expressions and laborating with other health expressions.	A 395	Tag A395 (cont'd) Nursing Director was placed into the effective October 9, 2013. • The oversight path for the Emerg Department nursing service was chreassign that service line to the Administrative Director of Inpatient (removing the former Administrative of Outpatient Services from this own responsibility). A new level of over over the ED charge nurse ("Design created; the Clinical Coordinators of global oversight of all nursing responsibility of the ED Designee when the Department learnot present. • The ED charge nurse ("Designee ED RN job descriptions were revise reflect their responsibility for immediate their responding to a change in patient of and reporting all inappropriate or unprofessional behavior; all new job descriptions will be reviewed and sithe staff member. • The new job descriptions for the Nursing Director, Administrative Dir Inpatient Services and Clinical Coohave been revised to reflect their in leadership responsibility and report all will be reviewed and signed by the member. • All these individuals will be assess against these new criteria at the time annual review pursuant to Hospital. • Nursing leadership and the Hosp Human Resources Director have on a review of the performance of all sinvolved in this patient's care (either or through supervision). Corrective will be completed pursuant to the Horrective Action policy and document the personnel records of all staff.	rency langed to Services Director ersight sight ee") was low have ensibility ander is 2") and do to diately condition agned by ED 10/10/13 ED 10/10/13 ED 10/10/13 Fector of radinators creased ing line; he staff 10/29/13 Seed 10/29/13 Ongoing directly actions ospital's	

PRINTED: 10/15/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		470012	B. WING_		C 10/08/2013
	PROVIDER OR SUPPLIER	MEDICAL CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201	
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A 395	put on 3 lit (liters) of noting that O2 did hinterview on 10/8/1: EMT #1 (Emergence was part of Patient on 9/24/13 confirmed EMT #1 stated becapresenting symptome blood pressure read and the inability to was requested to a assistance. EMT #1 placed on a 4 lead artifact was noted demovement, discommovement, discommovement #1 further state the patient #1 further state #1 in the past during rated the patient #1 discommovement #1 discommove	o having some chest painPt of 02 (pxygen) nasal canula pt nelp with breathing". Per 3 at 11:40 AM, a Advanced by Medical Technician) who #1's transport team to the ED od the patient was anxious. ause of Patient #1's ns to include continuous low dings (85/60, 84/54. & 76/56) bestablish an IV, the Paramedic rrive at the scene for also stated Patient #1 was cardiac monitor but frequent ue to the patient's restless	A 395	Tag A395 (cont'd) Policy/practice changes: The ED Clinical Nurse Specialist (or designated RN) and have provided one-on-one education with staff on changes to the following policies: Nurse Roles and Responsibilities, I of Care and Nursing Responsibilities as EMS handoff ("handover") documentation requirement, which been documented and tracked via a sheet. 100% of ED and Access Ser staff have completed the training exone RN on medical leave who will remitted to return to duty until the has been completed. The understanding of this education assessed by obtaining a passing so written or online test. The ED charge nurses ("Designees provide timely oversight of general care and in particular, treatment of arrivals by Emergency Medical Sensquads, for compliance with nursing standards of practice. The Designee provide direct in-person correction connocompliance and refer it to the El Director to be addressed in conjunct the Corrective Action policy. The Clinical Coordinator will round of shift with the ED charge nurse ("Designees to assess at risk patient populations compliance with reporting where incompliance wi	direct, the Criage Delivery as as well a has a sign-off exices will be core on a core
				noncompliance or performance issu	es

Facility ID: 470012

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X: DPLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED		
		470012	B. WING		C 10/08/2013
	ROVIDER OR SUPPLIER	T MEDICAL CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 00 HOSPITAL DRIVE ENNINGTON, VT 05201	
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A 395	should have placed and paid more atternation I bay #11 and observed. Per interview Nurse #2 stated s/h did not get up to as patient's transfer or status once the ED vital signs. Nurse # crying out in pain Nurse #1 stated states bay #11 to "make comfortable! wou move their arm or left the ED between 22 Services Registrar complete the regist information and obting from Patient #1. Per 10/7/13 at 4:00 PM to her/him a couple head was to the side open. There was now was quite close to head. I looked at he was any movement quickly went to the and "I said to the mishe/he (Patient #1) said 'oh s/he's play papers for her/him' that point I left the control of the state of the side o	nterview, Nurse #1 stated s/he d the patient on the monitor ention at the time of triage. Is assigned to Patient #1, sat at located opposite the trauma wed Patient #1's arrival by on 10/7/13 at 12:01 PM, he was on the computer and essist staff and EMS with the r assess the patient's physical of technician had completed #2 stated " the patient was at continued my charting". If had dimmed the lights in the patient more all glance over to see her/him	A 395	Tag A395 (cont'd) identified will be immediately and d addressed with the staff member th the Hospital's Corrective Action pol The ED nursing leadership (or othe designated RN) will conduct chart a 100% of Emergency Department pe encounters to validate compliance of Triage, Delivery of Care and Nursin Responsibilities policies, specifically reviewing adequacy of response to the requirement that the assessmen nurse be conducted at the bedside include a physical examination. Th will also review the completion of th handoff ("handover") protocol, whice includes continuation of cardiac mo and oxygen on patient arrivals by Emergency Medical Services squad monitoring will occur each business (with weekend encounters reviewed following Monday) for a period of at ninety days, the results of which will assessed as part of the Hospital's C program. The reviewer will notify th department manager of any deviation identified for immediate follow up. results of this monitoring will be rep the Administrative Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed by the Board Safety Quality Co monthly, which minutes are reporte reviewed on the followin Monday) for a period of at least nine the results of which will be assesse of the Hospital's QA/PI program. To reviewer will notify the department ro f any deviations identified for imme follow up. The results of this monitor follow up. The results of this monitor	arough licy. It audits of atient with the rig y pain and ris audit rie EMS right and right an
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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		470012	B. WING		C 10/08/2013	
	PROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 00 HOSPITAL DRIVE ENNINGTON, VT 05201	1	
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A 395	both Nurse #1 or N health status of Parsi/he saw Registrar described Registrar from bay #11 as " s/he's dead". Nursinterview that " I sasteeping. I did not gknow I should have Within 1-2 minutes observations of Parsi unaware of comme Registrar #1, walke Patient #1. Per inte Nurse #3 stated " alls/he was not or a pulse". Nurse d and waved for Nursinurses station, to conote written by Nurse by Pts. room, noted found to be pulseled CPR initiated". Rescontinued for 20 minot improve, the condeath was noted to Per interview on 10 Medical Director for the ED of the adverse patie remarked "a nurse judgement which maving a chance of stated it was "imp	ents made by Registrar #1, urse #2 failed to assess the tient #1. Nurse #2 confirmed #1 enter bay #11 and r #1 as s/he was walking out nervous" and "said I think e #2 stated at the time of id s/he was moving. She was go up to look at her/himI but I didn't". after the Registrar's reported ient #1, Nurse #3, who was nts and concerns raised by d by bay #11 and glanced at rview on 10/7/13 at 3:15 PM, s/he did not look well at a heart monitor, checked for escribed the pulse as "faint" the #2, who was sitting at the time to bay #11. Per nursing se #1 at 2327, "RN walked Pt. to appear cyanotic, Pt. is and apnic (not breathing), suscitation for cardiac arrest nutes. Patient's condition did de was ended and time of	A 395	Tag A395 (cont'd) be reported to the Administrative S Quality Committee monthly, which are reported to and reviewed by the Patients with three or more visits or last 60 days will be identified via a report and the ED nursing leadersh other designated RN) will conduct of audits of 100% of such encounters assure that nursing standards of provere met. This monitoring will occupations day (with weekend encounterviewed on the following Monday) period of at least ninety days, the rewinder will be assessed as part of the Hospital's QA/PI program. The revenotify the department manager of a deviations identified for immediate. The results of this monitoring will be reported to the Administrative Safe Committee monthly, which minutes reported to and reviewed by the Bo Safety Quality Committee. Executive Responsible: Chief Nurs Officer.	minutes e Board. ver the daily hip (or chart to ractice ur each inters for a esults of he riewer will hny follow up. e ty Quality are eard	10/28/13 Ongoing Ongoing

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A 395	"absolutely the patient on the monieven more so with." Per interview on 10 the Administrative I stated the Nurse Mexpectations if som s/he would talk to the step it up or out. The 482.55 EMERGEN. The hospital must repatients in accordation of practice. This CONDITION is Based on staff interective nursing reasonable standare patient. Based on infollowing findings resituation was determated acceptable standare patient. Based on infollowing findings resituation was determated actual harm to a patient actual harm to a patient Emergency Depinclude: Per Vermont Title 2 Occupations, Chapnursing means the includes: (A) Assessindividuals and groueffective nursing calindirectly (I) Evaluations.	ain or shortness of breath expectation would be putting tor, EKG within 10 minutes, atypical pain, abdominal pain." I/8/13 at 11:00 AM, Director of Outpatient Services anager for the ED has firm the person and say you have to his is very unfortunate". CY SERVICES The eneet the emergency needs of the emergency needs of the minutes of the patients and record review the patients. Emergency Services denced by the hospital's failure of patients in accordance with ds of practice for 1 applicable affect an Immediate Jeopardy minutes of the patients of the effect and the eff	A 395	Tag A 1100 Plan for Correction: The Hospital immediately engaged educate all staff on the Hospital's expectations for the Culture of Safe Starting on October 7, 2013, Nursir leadership conducted one-on-one rwith 100% of clinical staff to provide education about patient safety as w summarized in the acronym C.A.R. Careful Attention, Respond Immedi Never Guess. This education was immediately shared with Hospital n staff. On October 14, 2013, the sai information was provided to all staff and administrative) and was comple October 18, 2013. To assess and v staff knowledge of this education, the rounding log was revised to include assessment of each staff members competency which will be complete on-one meetings with each member manager. An educational presentation entitled Safety, Communication and Privacy Impact on Outcomes was developed presented to staff from the Emerge Department (nursing, technicians, usecretaries and physicians), Access Services department and the Secund department. This education focuse on patients' right to safe care and hemployee can and must live the Ho Culture of Safety (C.A.R.I.N.G.). Til specific modules presented, as reflective to the safe care and the colline of Safety (C.A.R.I.N.G.).	ety. Ing Ing Ineetings Ineeting Ineet

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 470012

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING COMP		(X3) DATE S COMPL	ETED
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A1100	and (M) Addressing Nursing staff on 9/2 standards of nursing assessing the healt medical history included upon arrival to the EMS team had initi his/her home where back pain, shortness non radiating chest the patient had been provided oxygen du ED, upon transfer to monitor and oxygen du ED nursing staff fai effective nursing ca on 10/7/13 at 1:58 had obtained a repertient #1 to include breath and stomact yellingappeared to Nurse #1 further staff in the past during rated the patient #1 disquestions during the patient was yelling the Triage process opposite side of the left the area. No dir #1 to other ED staff cardiac monitor or a signs recorded, tak included: B/P 130/9	e management of health care g patient pain. 24/13 to failed to maintain g practice in the ED to include th status of Patient #1, whose uded multiple comorbitities. ED via ambulance at 23:07, ally assessed the patient at e s/he complained of acute as of breath, abdominal pain, pain and nausea. Although an on a cardiac monitor and uring transport to the hospital of an ED stretcher the cardiac in was removed by EMS staff. Iled to provide safe and ure to Patient #1. Per interview PM, Nurse #1 confirmed s/he ort from EMS regarding e back pain, shortness of	A1100	Tag A1100 (cont'd) the Communication and Education Culture of Safety, Communicating of Outcomes, HIPAA and the Emerge Department, and Delivery of Care of Patient Rights were Compromised. Sessions included experiential learn opportunities, small group work and and direct discussion of the specific event at issue. Policies and protocols for Triage Not Roles and Responsibilities and Delicare have been reviewed and revised to clarify the overall process patients to enter the ED and the sportequirements of nursing staff upon arrival. Revisions include the follow direction that patients are placed in rooms in the ED by "pod" with an Rassigned to the pod; handover communication method, content and documentation between Emergency Squad member and the triage nurse handover communication method, cand documentation between the trianurse and the nurse assigned to carequirement for nursing to immediat reassess all patients upon notification change in the patient's condition; requirement that the initial assessment the RN occur at the patient's bedsic include a hands-on physical assess. The ED policy on Nursing Responsions was modified to clarify expectations management of pain. The Hospital policy entitled Triage Notes and Responsibilities was revirequire that patients arriving on oxy and/or cardiac monitoring have these continued until the physician evaluate been completed.	or ncy when The ning d a frank patient urse every of sed. The Care was so for ecific patient ving: specific N d y Medical e; content age re; the tely on of a ment. Similar is for the sed to gen se sed to gen se sed to gen se set ion has	10/20/13
				The Hospital has modified its electr medical record to provide a new standardized template for taking an		10/23/13

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	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201	10/03/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A1100	the nurses station I bay #11 and obsen EMS. Per interview Nurse #2 stated s/r did not get up to as patient's transfer or status once the ED vital signs. Nurse # crying out in pain failed to address ar obvious pain. Nurse #1 statin bay #11 to "ma comfortable! wou move their arm or lead to the ED between 22 Services Registrant complete the regist information and obtif from Patient #1. Per 10/7/13 at 4:00 PM to her/him a couple head was to the sid open. There was now as quite close to head. I looked at he was any movement quickly went to the and "I said to the nushe/he (Patient #1) said 'oh s/he's playing papers for her/him', at that point I left the	assigned to Patient #1, sat at ocated opposite the trauma yed Patient #1's arrival by on 10/7/13 at 12:01 PM, he was on the computer and sist staff and EMS with the assess the patient's physical technician had completed 2 stated "the patient was a continued my charting" and had assess the patient's hed staff had dimmed the lights ke the patient more and defended assess the patient's hed staff had dimmed the lights ke the patient more and glance over to see her/him and had assess the patient's hed glance over to see her/him and glance over to see her/him as glance over to see her/him as glance over to see her/him as glance and her/his mouth was a response from her/his eyes. I her/him. I was up by her/his or response from her/his eyes. I her/him. I was up by her/his archimated as a possum''I'll sign your and genergency roomI did not stually dead when I left the	A1100	Tag A1100 (cont'd) documenting handoffs ("handovers Emergency Medical Services ("EM members to the triage nurse in the Emergency Department. This new ensures that all essential elements EMS to triage nurse transfer of care obtained and addressed as well as documented. Completion of this te required in 100% of patients who a EMS. The Hospital policies entitled Delive Care and Nursing Responsibilities revised to include a new provision of that patients be reassessed for any change in condition. Implementation: 100% of staff members in the Emer Department, Emergency Medicine, Services and Security departments required to complete a written or or competency test on the Patient Saf Communication and Privacy: An In Outcomes training. As of October 2 the following staff have completed training: ED RNs: 97% (31/32) ED physicians: 93% (14/15) ED Technicians/unit secretaries and Security staff: 100% The remaining two staff members a medical leave and will not be permireturn to duty until the competency been completed. The understanding competency of this education will be assessed by obtaining a passing so written or online test. All new staff provided the same material as a co of their orientation program. Emergency Department and Access Services department leadership ("rour staff") with all omplements to strong the staff with regular, one-on-one meetings ("rour staff") with all omplements to strong the staff with regular, one-on-one meetings ("rour staff") with all omplements to strong the staff with regular, one-on-one meeting strong the staff with regular, one-on-one m	template of an e will be implate is rrive by ery of were requiring reported rgency Access are aline fety inpact on 25, 2013, the , Access are on tted to has ag and expression a will be imponent s Ongoing a Conduct inding on Congoing and Congoing
				staff") with all employees to assess	their

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		470012	B. WING		C 10/08	3/2013
	ROVIDER OR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201	l ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT DF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF CDRRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A1100	neither Nurse #1 or Patient #1. Nurse # Registrar #1 enter Registrar #1 as s/h #11 as " nervous dead". Nurse #2 st that " I said s/he wa	age 25 ents made by Registrar #1, r Nurse #2 went to assess to confirmed s/he saw bay #11 and described e was walking out from bay to and "said I think s/he's teated at the time of interview as moving. She was sleeping. I	A1100	Tag A1100 (cont'd) culture of safety. Any lack of under or noncompliance identified in these meetings will be immediately and daddressed with the staff member the Hospital's Corrective Action pole. The Administrative Director of Inpaiservices will review these rounding each month to ensure 100% of staff participated.	e irectly irough icy.	Ongoing
	Within 1-2 minutes observations of Parunaware of comme Registrar #1, walke Patient #1. Per inte Nurse #3 stated " alls/he was not of a pulse". Nurse dand waved for Nurse #3 stated and waved for Nurse #3 stated #1	after the Registrar's reported tient #1, Nurse #3, who was nts and concerns raised by d by bay #11 and glanced at rview on 10/7/13 at 3:15 PM, s/he did not look well at a heart monitor, checked for escribed the pulse as "faint" se #2, who was sitting at the ome to bay #11. Per nursing		The ED Clinical Nurse Specialist (or designated RN) and Access Service supervisor have provided direct, on education with staff on the changes policy and the Consent form which documented and tracked via a sign sheet. 100% of ED and Access Se staff have completed the training exone RN on medical leave who will remitted to return to duty until the has been completed.	es e-on-one to the has been e-off rvices accept for not be	10/24/13
	note written by Nur by Pts. room, noted found to be pulsele	se #1 at 2327, "RN walked I Pt. to appear cyanotic, Pt. ss and apnic (not breathing), suscitation for cardiac arrest		The understanding of this education assessed by obtaining a passing so written or online test.		Ongoing
	continued for 20 mi not improve, the co death was noted to	nutes. Patient's condition did de was ended and time of be 2351.		The ED charge nurses ("Designees provide timely oversight of general care and in particular, treatment of arrivals by Emergency Medical Sen	nursing patient vices	10/24/13
	reviewed 02/13 sta effective way to pro- gain efficiencies for to select patients be symptoms. The use	ocol: Chest Pain, last tes "Triage protocols are an ovide timely diagnostics and provision of services ased on presenting signs and e of standardized approach to		squads, for compliance with nursing standards of practice. The Designe provide direct in-person correction or noncompliance and refer it to the E Manager to be addressed in conjunt with the Corrective Action policy.	e will of any D	Ongoing
	provider." Nursing of pain includes: "Vita	nedical decision making by the orders for ED Triage for chest al signs; 02 per titration vell (IV) and cardiac monitor".		Monitoring: The ED nursing leadership (or othe designated RN) will conduct chart a 100% of Emergency Department particles of Emergency Department of encounters to validate compliance of Triage, Delivery of Care and Nursin Responsibilities policies, specifically addressing issues of adequate responsion and the requirement that the assessment by the nurse be conducted.	audits of atient with the gy yoonse to	10/28/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ´	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		470012	B. WING_		C 10/08/2013
	ROVIDER DR SUPPLIER	MEDICAL CENTER	10	REET ADDRESS, CITY, STATE, ZIP CODE 10 HOSPITAL DRIVE ENNINGTON, VT 05201	The state of the s
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT DF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TD THE APPRO DEFICIENCY)	LD BE COMPLETION
A1100	Medical Director for the ED of the adverse patie remarked "a nurse judgement which m having a chance of stated it was "imp Medical Director ful patient had chest p "absolutely the patient on the moni	ge 26 //8/13 at 12:32 PM, the stated s/he was made aware ent event 1 week ago and making incredible poor lay have delayed this patient recovery". S/he further lossible to believe". The rther stated if it was known a ain or shortness of breath expectation would be putting tor, EKG within 10 minutes, atypical pain, abdominal pain."	A1100	Tag A1100 (cont'd) the bedside and include a physical examination. This audit will also re completion of the EMS handoff ("ha protocol, which includes continuation cardiac monitoring and oxygen on arrivals by Emergency Medical Sersquads. This monitoring will occur business day (with weekend encour reviewed on the following Monday) period of at least ninety days, the rewhich will be assessed as part of the Hospital's QA/PI program. The revenotify the department manager of a deviations identified for immediate The results of this monitoring will be reported to the Administrative Safe Committee monthly, which minutes reported to and reviewed by the Bosafety Quality Committee. The ED nursing leadership or other	andover") on of patient vices each inters for a esults of ne ne newer will iny follow up. e Ongoing ty Quality are ard
				designated RN will conduct chart at 100% of Emergency Department particularly arrivals by EMS squads to validate completion of the electronic docum of the handoff ("handover"). This mail occur each business day (with vencounters reviewed on the following Monday) for a period of at least ning the results of which will be assessed of the Hospital's QA/PI program. To reviewer will notify the department of any deviations identified for immer follow up. The results of this monitor be reported to the Administrative States Quality Committee monthly, which is are reported to and reviewed by the Safety Quality Committee. Patients with three or more visits on last 60 days will be identified via a comport and the ED nursing leadersh other designated RN) will conduct of audits of 100% of such encounters.	udits of atient for entation nonitoring weekend ng ety days, d as part he Ongoing manager ediate oring will afety minutes e Board ver the daily ip (or chart to
				assure that appropriate care was pi and there was no abuse or neglect	ovided

STATEMENT DF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CDNSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		470012	B. WING		10/0	; 08/2013
NAME OF PROVIDER DR SUPPLIER SOUTHWESTERN VERMONT MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 100 HOSPITAL DRIVE BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CDRRECTIVE ACTION SHOU CROSS-REFERENCED TD THE APPRO DEFICIENCY)	ON SHOULD BE COMPLE HE APPROPRIATE DATI	
A1100	Medical Director for the ED of the adverse patie remarked "a nurse judgement which m having a chance of stated it was "imp Medical Director fur patient had chest p "absolutely the patient on the moni	ge 26 //8/13 at 12:32 PM, the stated s/he was made aware ent event 1 week agp and making incredible poor ray have delayed this patient recovery". S/he further rossible to believe". The rther stated if it was known a ain or shortness of breath expectation would be putting tor, EKG within 10 minutes, atypical pain, abdominal pain."	A1100	Tag A1100 (cont'd) occurring. This monitoring will occ business day (with weekend encoureviewed on the following Monday) period of at least ninety days, the rewinch will be assessed as part of the Hospital's QA/PI program. The revinotify the department manager of a deviations identified for immediate. The results of this monitoring will be reported to the Administrative Safe Committee monthly, which minutes reported to and reviewed by the Bosafety Quality Committee. Executive Responsible: Chief Nurs Officer.	inters for a esults of ne riewer will any follow up. e ty Quality are	Ongoing